

Domestic Violence Services Map - Internet Information Form:

Please complete one for each out-reach office, as well as the main office

Program Name:

Address:

City:

State:

Zip:

County:

What counties does program serve?

Office Phone:

Crisis Phone:

Toll-Free Phone:

Residential Shelter: Yes No

Directory of local safe homes: Yes No

Twenty-Four Hour Crisis Line: Yes No

Accepts Collect Calls: Yes No

Offers peer counseling-advocacy for women: Yes No

Offers peer counseling-advocacy for children: Yes No

Support Groups: Yes No

Transportation Services: Yes No

Legal Assistance - referrals: Yes No

Wheelchair accessible: Yes No

TTY/TTD Services for hearing impaired: Yes No

Maximum Shelter capacity:

Maximum length of stay:

Age limit for male children:

What non-English languages spoken:

Comments to be published:

If you have a WEB Page please give us the URL: _____

Do you want your web page linked to your program description? Yes No

E-Mail Address: _____

Do you want this address published for use by the public? Yes No

Return completed form to: Carol Krager
HSB - E48
500 Summer St. NE
Salem, OR 97301-1066