

## Support Network for Responding to Substance Use Issues

*Instructions: Fill in form with applicable information. Save by organization name and store digitally, or print and store in a resource book for your church or organization. Add additional pages as you discover new resources and organizations to add to your network of resources for responding to substance use issues.*

**Organization**

**Contact Person**

**Address**

**Organization Email**

**Contact Email**

**(if different)**

**Organization Phone**

**Contact Phone**

**Resources/Support  
Offered**

**Category of Support  
(check all that apply)**

*Faith-Based*

*Christian-Based*

*Abstinence Only*

*Medication-Assisted Treatment*

*Support Group*

*Residential or Inpatient Treatment*

*Outpatient Treatment/Services*

*Supports Harm Reduction*

*Spanish Language Services*

*Other*

**Recommended/  
Referred By:**

**Additional Notes**