Community Partnership
Application of Intent

Please provide us with the following information. If we need additional information, we will contact you.

Organization Name _____

Contact Name Title _____

Address_____**City**_____**Zip**_____

Phone _____**Alternate Phone Number**_____

Fax _____**Email**_____

Web Address _____

Organization Description:

Range of Services (Please select all items that apply)

[ ] Breastfeeding
[ ] Caregiver Support
[ ] Child Care
[ ] Child Protection
[ ] Counseling
[ ] Domestic Violence
[ ] Education- Health
[ ] Education- Breastfeeding
[ ] Education- Childbirth
[ ] Education- Early
[ ] Education- Nutrition
[ ] Education - Parenting
[ ] Education- Perinatal
[ ] Education- Prenatal
[ ] Emergency Needs (clothing, food, shelter, etc.)
[ ] Faith
[ ] Family Planning
[ ] Family Services
[ ] Food- Farmer's Market
[ ] Food- Food Bank
[ ] Food- Store
[ ] Foster Youth
[ ] Foundation
[ ] Health Insurance
[ ] Hotline
[ ] Housing- Resource
[ ] Housing
[ ] Transportation
[ ] Immigration
[ ] WIC
[ ] Legal
[ ] Youth Development
[ ] Legal Services
[ ] Medi-Cal
[ ] Medical Center
[ ] Mental Health-External
[ ] Mental Health- Internal
[ ] Mother Mentor
[ ] Parenting
[ ] Prenatal or Health Care
[ ] Regional Center
[ ] School
[ ] Substance Abuse Treatment
[ ] TANF (Welfare)
[ ] Teen Services
+[ ] Other _____

Eligibility Criteria:

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Your Organization Referral Method (Email, Fax, Phone) and Frequency (daily, weekly):

We are Interested in (Please select all that apply)

☐ Speaking at a Health Education Class
☐ Holding my own class at DHS
☐ Information Table at Prenatal Clinic
☐ DHS Medical Staff Presentations
☐ Partnering on grant writing
☐ Inviting MAMA's Neighborhood DHS Staff to our working groups
☐ Other
_____

We are creating a directory which will include the information you provide to us. Please check the box(es) next to the statements you agree with below.

☐ Yes, you can share my information with other MAMA'S Neighborhood partners.

The following information can be shared:
- ☐ General contact information
- ☐ MAMA'S Neighborhood referral contact person
- ☐ Range of programs and services

☐ No, you cannot share my information with other MAMA'S Neighborhood partners.

☐ Yes, I can commit to Quarterly Collaboration MAMA's Neighborhood Meetings

☐ No, I am unable to commit to Quarterly MAMA's Neighborhood Collaboration Meetings

I am able to commit to _____

☐ I want to be on MAMA's Neighborhood Day Planning Committee

Send application to: MAMA's Neighborhood

5555 Ferguson Dr. Suite 210-20, Rm. 2012-B | Commerce, CA 90022
| Fax (323) 890-8372 | bsankey@dhs.lacounty.gov

DIRECT YOUR QUESTIONS ABOUT PARTNERSHIP TO BRANDI SANKEY

Phone (323) 914-8338 | bsankey@dhs.lacounty.gov