

# Topic Chart

The Topic Index pages that follows, will reference resources in this directory by topics and sub topic headings listed below.

El Dorado County community service resources can also be found online at the BeehiveSacramento.org website using the same topics for searching. For a direct link to El Dorado County's *Find-it-Fast in the Region* search feature, visit [www.co.el-dorado.ca.us/first5](http://www.co.el-dorado.ca.us/first5) and select the Community Services Directory.

While using the *Find-it-Fast in the Region* options, use this chart to select the predefined topics (all or any combination of topics) for your online search.

## ☐ Activities & Arts

- Arts
- Civic Involvement & Volunteering
- Clubs
- Libraries
- Parks, Picnic sites, Zoo
- Sports/Recreational Activities
- Camps
- Classes
- Historical Sites
- Museums
- Recreation Centers
- Trips and Excursions

## ☐ Counseling & Mental Health

- Counseling
- Crises Services
- Mental Health Facilities - Inpatient
- Support Groups
- Counseling
- Medication & Medication Monitoring
- Mental Health Facilities-Outpatient
- Therapies

## ☐ Education

- Academic Guidance
- Alternative Schools
- College & Trade Schools
- Educational Testing
- Special Education
- Vocational Education
- Adult Education
- Bilingual Education and ESL
- Early Childhood Education
- Elementary & Junior High School
- Student Financial Aid

## ☐ Family Services

- Abuse or Family Violence
- Adult/Child Mentoring Programs
- Attendant, Caregiver & In-home Assistance
- Adult-Grp Homes/Institutional Care
- Children-Grp Homes/Institutional Care
- Child & Children's Respite Care
- Emergency Alert
- Interpretation/Transliteration
- Adoption & Foster Care
- Adult Day Care & Respite
- Case Management
- Companionship - Adults
- Family Support
- Parenting

## ☐ Financial Help

- Food Stamps & WIC
- Money Management
- Short-Term Assistance
- Insurance and Retirement Benefits
- Public Assistance
- Unemployment Insurance

## **□ Food & Clothing**

- Clothing, Furniture, Personal Items
- Food Gleaners, Banks, Storage
- Food Stamps
- Specialty Food
- Emergency Food
- Food Outlets & Production
- Meals

## **□ Health**

- Assistive Devices and Technology
- Clinics
- Family Planning
- Health Education
- Hospitals
- Nursing Facilities
- Public Health
- Specialized Treatment
- Blood & Organ Donation
- Emergency Medical Care
- Health Care Referrals
- Health Screening
- Insurance
- Pharmacy
- Rehabilitation
- Substance Abuse

## **□ Job Assistance**

- Career Development
- Job Development
- Job Search
- Vocational Rehabilitation
- Job Assistance - Specific Needs
- Job Lines & Job Banks
- Job Training
- Volunteer Service Programs

## **□ Legal Services**

- Alternative Sentencing, Parole, Probation
- Correctional Facilities, Jails, Prisons
- Ex-Offender Services
- Immigration/Naturalization
- Landlord/Tenant Assistance
- Legal Assistance
- Courts
- Family Law
- Judicial Services
- Law Enforcement
- Tax Assistance

## **□ Safety & Consumer Services**

- Animal Services
- Consumer Education
- Fire & Law Enforcement
- Safety Education & Equipment
- Complaints
- Disaster & Emergency
- Licensing

## **□ Shelters, Housing & Utilities**

- Crisis Shelter
- Homeless Shelter
- Housing Search/Assistance
- Subsidized Housing
- Utilities
- Home Improvement
- Homeownership
- Rental and Shared Housing
- Transitional Housing

## **□ Transportation**

- Medical Transportation
- Senior Ride Program
- Buses & Light Rail
- Paratransit
- Transportation Financial Assistance

# Topic Index

## ☐ Activities & Arts

### ○ Classes

Camp Fire USA, Sacramento/Sierra Council .....	29
Cedar Springs Waldorf School .....	31
Community Access Program, Adult Development Ctr - M.O.R.E. ....	155
Debi's Country Playcenter .....	44
Master Food Preservers - UC Cooperative Extension .....	195
Pathways Residential Home - M.O.R.E. ....	156
River City Theatre Company (RCTC) .....	173
Senior Activities - El Dorado County .....	72
Senior Health Education Program (S.H.E.P.) .....	74
Senior Nutrition Program - El Dorado County .....	75

## ☐ Activities & Arts

### ○ Clubs ○ Recreation Centers ○ Sports and Recreational Activities

4-H - UC Cooperative Extension .....	195
Boy Scouts of America, Golden Empire Council .....	12
Boys and Girls Club of Lake Tahoe .....	12
Camp Fire USA, Sacramento/Sierra Council .....	29
Community Access Program, Adult Development Ctr - M.O.R.E. ....	155
El Dorado County Western Slope Boys & Girls Club .....	117
El Dorado Mothers of Multiples .....	118
Friday Night Live/Club Live - El Dorado County .....	88
Girl Scouts of Tierra del Oro .....	131
Pathways Residential Home - M.O.R.E. ....	156
Pollock Pines Central - Family Resource Center .....	166
River City Theatre Company (RCTC) .....	173
Senior Activities - El Dorado County .....	72
Sierra-at-Tahoe Daycare .....	172
South Lake Tahoe Senior Center .....	183
UCP (United Cerebral Palsy) of Greater Sac .....	192

## ☐ Activities & Arts

### ○ Civic Involvement & Volunteering

Calif Conservation Corps (CCC) .....	13
Health Insurance Counseling and Advocacy Program (HICAP) .....	64
Ombudsman Services of Northern Calif - Legal Svcs of Nor Calif .....	144
Prevent Child Abuse California .....	168
Volunteer Program - El Dorado County .....	77

# Topic Index

## ☐ Activities & Arts

### ○ Libraries      ○ Museums      ○ Recreation Parks

Braille and Talking Book Library - California State Library .....	27
Cameron Park Community Services District .....	28
Cameron Park Library .....	79
El Dorado County Library .....	78
El Dorado Hills Community Services District .....	118
Georgetown Divide Recreation District .....	130
Georgetown Library .....	80
Health Resource Center - Barton Memorial Hospital .....	10
Marshall Gold Discovery State Park .....	151
Community Health Library - Marshall Medical Center .....	152
Oak Ridge Library .....	80
Pollock Pines Library .....	81
Sierra Sacramento Valley Medical Society .....	180
South Lake Tahoe Library .....	81
WarmLine Family Resource Center .....	198

## ☐ Counseling & Mental Health

### ○ Counseling      ○ Mental Health Intake & Evaluation ○ Therapy

Anger & Abuse Prevention Program - Summit .....	185
California Department of Rehabilitation .....	20 & 21
Community Access Program, Adult Development Ctr - M.O.R.E. ....	155
Divide Wellness Center - Georgetown .....	45
Early Childhood Counseling Center .....	47
El Dorado Women's Center .....	120
Elder Abuse & Outreach - El Dorado County .....	52
Family Connections El Dorado - Family Resource Center .....	123
Good Samaritan Counseling Center .....	133
Green Valley Community Church - Life Skills .....	133
Individual & Couples Counseling - Summit Counseling .....	185
Lifeskills and Recovery Group - TYFS .....	189
Mental Health Association, Sac Chapter .....	154
New Horizons Counseling Center .....	162
Emergency Youth Shelter - New Morning .....	163
Professional Counseling Services - New Morning .....	164
New Morning Youth & Family Svcs .....	162
Ombudsman Services of Northern California .....	144
Parent Project, The .....	165
Pollock Pines Central - Family Resource Center .....	166
Professional Youth & Family Counseling - TYFS .....	164

# Topic Index

Progress House Counseling Center .....	169
Progress House Mens Facility .....	169
Progress House Women and Childrens Facility - El Dorado County ..	170
Senior Legal Hotline - Legal Services of Northern Calif .....	145
Senior Peer Counseling - El Dorado County .....	76
Shriners Hospitals for Children - Northern Calif .....	178
Sierra Recovery Center .....	179
Snowline Hospice - Partners In Care .....	182
Snowline Hospice Bereavement Program .....	182
Snowline Hospice of El Dorado County .....	181
South Lake Tahoe Outpatient Clinic - EDC Mental Health Dept .....	83
South Lake Tahoe Women's Center .....	183
Summit Counseling and Education Services, Inc. ....	184
Supported Employment Program - M.O.R.E. ....	157
Saddle Pals - UCP .....	193
Victim Witness Program .....	53
WarmLine Family Resource Center .....	198
Western Slope Outpatient Clinic - EDC Mental Health Dept .....	83
Workers Comp Division - Calif Industrial Relations Dept .....	199

## ❑ Counseling & Mental Health

### ○ Crises Services

24-Hours Crisis Counseling - TYFS .....	188
Adult Protective Services - El Dorado County .....	55
Alta Calif Regional Center .....	2
Calif Youth Crisis Line .....	28
Childhelp USA .....	32
El Dorado Women's Center .....	120
Elder Abuse & Outreach - El Dorado Co .....	52
Good Samaritan Counseling Center .....	133
Individual & Couples Counseling - Summit Counseling .....	185
Mental Health Association, Sac Chapter .....	154
National Domestic Violence Hotline .....	160
National Runaway Switchboard .....	161
South Lake Tahoe Outpatient Clinic - EDC Mental Health Dept .....	83
South Lake Tahoe Women's Center .....	183
Western Slope Outpatient Clinic - EDC Mental Health Dept .....	83

# Topic Index

## ☐ Counseling & Mental Health

### ○ Mental Health Facilities

Family Resource Center - South Lake Tahoe .....	124
New Horizons Counseling Center .....	162
Psychiatric Health Facility - El Dorado County .....	82
Professional Counseling Services - New Morning .....	164
Professional Youth & Family Counseling - TYFS .....	189
Senior Day Care Center - El Dorado .....	73
Summitview Child Treatment Center .....	186

## ☐ Counseling & Mental Health

### ○ Support Groups

Alcoholics Anonymous, Western Slope Intergroup .....	2
Alzheimer's Support Group .....	121
Bipolar Insights .....	11
Burn Support Group .....	192
El Dorado Mothers of Multiples .....	118
Gamblers Anonymous (see Alcoholics Anonymous phones) .....	2
Green Valley Community Church - Life Skills .....	133
Lifeskills and Recovery Group - TYFS .....	189
Mental Health Association, Sac Chapter .....	154
Muscular Dystrophy Association - Sac District .....	159
Narcotics Anonymous (see Alcoholics Anonymous phones) .....	2
National Family Caregiver Support Program .....	71
Parent Project, The .....	165
Rational Recovery Systems, Inc .....	171
Sac Learning Disabilities Association .....	176
United Ostomy Association .....	194
Sierra Recovery Center .....	179
Sierra Sage Region of Narcotics Anonymous .....	181
Snowline Hospice Bereavement Program .....	182
Snowline Hospice of El Dorado County .....	181
South Lake Tahoe Women's Center .....	183
Summit Counseling and Education Services, Inc. ....	184
Tahoe Mentor Project .....	190
TOUGHLOVE of Carmichael .....	190
UCP (United Cerebral Palsy) of Greater Sac .....	192

# Topic Index

## □ Education

- Academic Guidance
- Educational Testing
- Student Financial Aid

Charter Community School & Cal-SAFE/O.P. Programs - EDCOE ....	110
Charter Home Study Academy/Elementary Program - EDCOE .....	112
Cosumnes River College (CRC) .....	148
Employment Services - South Lake Tahoe .....	62
Family Connections El Dorado - Family Resource Center .....	123
Los Rios Community College District .....	148
Professional Counseling Services - New Morning .....	164
Special Services Programs - EDCOE .....	116

## □ Education

- Adult Education
- Alternative Schools
- Bilingual and ESL Education
- College & Trade Schools

Calif Dept of Rehabilitation - District Office .....	19
Cedar Springs Waldorf School .....	31
Central Sierra Regional Occupational Programs (ROP) .....	102 & 110
Chapman University - Diamond Springs Campus .....	32
Charter Community School & Cal-SAFE/O.P. Programs - EDCOE ....	110
Charter Home Study Academy/Elementary Program - EDCOE .....	112
Charter Home Study Academy/High School - EDCOE .....	112
Cosumnes River College (CRC) .....	148
El Dorado Adult School .....	47
Employment Services - South Lake Tahoe .....	62
Family Resource Center - South Lake Tahoe .....	124
Folsom Lake College (FLC) .....	149
Folsom Lake College (FLC) - El Dorado Center .....	149
LearnWell Resources .....	141
Los Rios Community College District .....	148
Mental Health Association, Sac Chapter .....	154
Pollock Pines Central - Family Resource Center .....	166
Rescue Training Institute .....	172
Snowline Hospice of El Dorado County .....	181
Special Services Programs - EDCOE .....	116
Tahoe Montessori School .....	186

# Topic Index

## □ Education

### ○ Early Childhood Education

A Circle of Friends Childrens Center .....	38
Cedar Springs Waldorf School .....	31
Charter Community School & Cal-SAFE/O.P. Programs - EDCOE ....	110
Charter Home Study Academy/Elementary Program - EDCOE .....	112
Cool Care Child & Preschool .....	41
Country Kids Daycare & Preschool.....	42
Early Head Start/Head Start - EDCOE .....	113
El Dorado Parent Participation Preschool .....	119
Family Connections El Dorado - Family Resource Center .....	123
First Friends Montessori .....	126
Happy Kids Preschool & Day Care .....	135
Hope Lutheran Preschool .....	138
Kindertown Preschool .....	139
Mother Lode Montessori .....	155
Placerville Preschoolers/Kids' Kampus .....	166
Pollock Pines Central - Family Resource Center .....	166
Rainbowland Christian Preschool .....	170
Special Services Programs - EDCOE .....	116
St. Stephen's Child Development Center .....	184
State Preschool Programs - EDCOE .....	114
Tahoe Montessori School .....	186
Tahoe Parents Nursery School .....	187
Under the Magic Pine Tree .....	194
Val's Kids Pre-School and Family Childcare .....	197

## □ Family Services

### ○ Abuse or Family Violence

Adult Protective Services - El Dorado County .....	55
Calif Dept of Justice .....	15
Child Abuse Prevention, Office of - Calif Dept of Social Services .....	21
Child Abuse Prevention Council (CAPC), El Dorado County .....	33
Child Protective Services - Placerville.....	60
Child Protective Services - South Lake Tahoe .....	60
Family Connections El Dorado - Family Resource Center .....	123
Maternal Child Adolescent Hlth - Families Needing Support.....	96
Mental Health Association, Sac Chapter .....	154
Prevent Child Abuse Calif .....	168
Shingle Springs Rancheria .....	177
Summit Counseling and Education Services, Inc.....	184
Volunteer Program - El Dorado County .....	77

# Topic Index

## □ Family Services

### ○ Adult Day and Respite Care ○ Group Homes and Institutional Care for Adults

Alzheimer's Day Care Resource Center .....	56
Care Advantage, The .....	58
Help At Home .....	137
Pathways Residential Home - M.O.R.E. ....	156
Senior Day Care Center - El Dorado .....	73
UCP (United Cerebral Palsy) of Greater Sac .....	192

## □ Family Services

### ○ Attendant, Caregiver, and In-home Assistance

Care Advantage, The .....	58
Help At Home .....	137
In-Home Supportive Services - El Dorado County .....	67
National Family Caregiver Support Program .....	71

## □ Family Services

### ○ Child Care & Children's Respite Care

CARES Program .....	46
Charter Extended Day - EDCOE .....	111
Choices for Children .....	33
Cool Care Child & Preschool .....	41
Cosumnes River College (CRC) .....	148
Country Kids Daycare & Preschool .....	42
Debi's Country Playcenter .....	44
Early Care and Education Planning Council .....	46
El Dorado Hills Community Services District .....	118
General Child Care - EDCOE .....	114
Happy Kids Preschool & Day Care .....	135
Heavenly Ski Resort - Day Care Center/Preschool .....	136
Kindertown Preschool .....	139
Los Rios Community College District .....	148
Mother Lode Montessori .....	155
Placerville Preschoolers/Kids' Kampus .....	166
Shingle Springs Rancheria - Day Care .....	177
Sierra-at-Tahoe Daycare .....	178
St. Stephen's Child Development Center .....	184
Tahoe Montessori School .....	186
UCP (United Cerebral Palsy) of Greater Sac .....	192
Under the Magic Pine Tree .....	194
Val's Kids Pre-School and Family Childcare .....	197

# Topic Index

## ☐ Family Services .....

### ○ Family Support

Adoption Assistance Program - Placerville .....	54
FamiliesFirst, Inc - Sac .....	122
Family Connections El Dorado - Family Resource Center .....	123
Foster Family Service .....	127
Lilliput Children's Services - El Dorado Co .....	147
Mother Theresa Maternity Home of El Dorado .....	158
Remi Vista Foster Family Agency .....	172
Safe and Healthy Homes .....	92
Women & Children's Services - Health Promotions .....	153

## ☐ Financial Help

### ○ Food Stamps & WIC    ○ Public and Short-Term Assistance

American Red Cross - Casework Services to the Military .....	6
CalWORKs Homeless Funds - El Dorado County .....	57
El Dorado County Dept of Human Services .....	54
El Dorado County Medical Services Program (CMSP) .....	70
Food Stamps - El Dorado County .....	62
General Assistance (GA) - El Dorado County .....	64
Home Energy Assistance Program - El Dorado .....	65
Shingle Springs Rancheria .....	177
Twin Lakes Food Bank .....	191
Women, Infants, and Children (WIC) - El Dorado .....	78

## ☐ Financial Help

### ○ Insurance

Access for Infants and Mothers Program .....	1
Disability Insurance Branch - EDD .....	22
Medi-Cal - El Dorado County .....	69

## ☐ Food & Clothing

### ○ Clothing, Furniture & Personal Items

Family Resource Center - South Lake Tahoe .....	124
Green Valley Community Church - Food/Clothing .....	133
Twin Lakes Food Bank .....	191

# Topic Index

## ❑ Food & Clothing

- Emergency Food
- Food Stamps
- Meals
- Specialty Food

Christmas Cheer, Inc .....	38
Food Bank of El Dorado County .....	127
Food Stamps - El Dorado County .....	62
Green Valley Community Church - Food/Clothing .....	133
Senior Nutrition Program - El Dorado County .....	75
South Lake Tahoe Senior Center .....	183
Twin Lakes Food Bank .....	191
Women, Infants, and Children (WIC) - El Dorado .....	78

## ❑ Health

- Clinics
- Emergency Medical Care
- Hospitals

Barton Memorial Hospital .....	9
Calif Shock/Trauma Air Rescue (CALSTAR) .....	26
Community Clinic - Barton Memorial Hospital .....	9
Community Health Clinic, El Dorado County .....	48
Marshall Medical Center .....	152
Mercy Hospital of Folsom .....	30
Public Health Department Clinics .....	89
Shriners Hospitals for Children - Northern Calif .....	178

## ❑ Health

- Family Planning

Access for Infants and Mothers Program .....	1
Alta Calif Regional Center .....	3
Barton Memorial Hospital .....	9
Community Based Public Health Nursing .....	95
Divide Wellness Center - Georgetown .....	45
Family Connections El Dorado - Family Resource Center .....	123
Maternal Child Adolescent Hlth - Families Needing Support .....	96
Mom Shop, The - Health Promotions at Marshall Medical Center ....	152
Mother Theresa Maternity Home of El Dorado .....	158
Platicas Informales .....	97
Professional Counseling Services - New Morning .....	164
Public Health Dept Clinics .....	89
Valley/Foothill Doula Collective .....	197
Women, Infants, and Children (WIC) - El Dorado .....	78

# Topic Index

## ☐ Health

### ○ Insurance

Healthy Families Program .....	136
Health Insurance Counseling and Advocacy Prg (HICAP) - El Dorado	64
Health Rights Hotline .....	144
Office of the Patient Advocate .....	164

## ☐ Health

### ○ Health Screening ○ Daily Living Assessment

Adult Protective Services - El Dorado County .....	55
Alta Calif Regional Center .....	3
Elder Options, Inc. ....	120
Family Connections El Dorado - Family Resource Center .....	123
Help At Home .....	137
INALLIANCE - El Dorado .....	138
In-Home Supportive Services - El Dorado County .....	67
Mercy Hospital of Folsom .....	30
Public Health Dept Clinics .....	89
Sacramento District Dental Society .....	176
Safe and Healthy Homes .....	92
Senior Health Education Program (S.H.E.P.) .....	74
Sexually Transmitted Disease Control Program .....	14
Work Activity Center - M.O.R.E. ....	158
YourLungHealth.org .....	200

## ☐ Health

### ○ Substance Abuse

Alanon, Alateen, or Narcotic Anonymous (see AA phones) .....	2
Alcohol and Drug Prevention Division (Public Health Dept) .....	87
Alcohol Anonymous .....	2
California Smokers Helpline .....	26
Certified Substance Abuse Counseling - TYFS .....	188
Divide Wellness Center - Georgetown .....	45
Family Connections El Dorado - Family Resource Center .....	123
Detox Facility, The - El Dorado Gates Recovery Fndt .....	129
Gates Recovery Foundation, The .....	128
Gates Recovery Foundation - Day Treatment/Outpatient Services ....	129
Green Valley Community Church - Life Skills .....	133
LearnWell Resources .....	141
Professional Counseling Services - New Morning .....	164
Progress House Counseling Center .....	169
Progress House Mens Facility .....	169

# Topic Index

Progress House Perinatal Facility - El Dorado County .....	170
Progress House Women and Childrens Facility - El Dorado County ..	170
Rational Recovery Systems, Inc .....	171
Sierra Recovery Center .....	179
Sierra Sage Region of Narcotics Anonymous .....	181
Summit Counseling and Education Services, Inc.....	184
Tobacco Use Prevention Program .....	92

## ☐ Job Assistance

### ○ Career Development ○ Job Training ○ Volunteer Service Programs

Calif Conservation Corps (CCC) .....	13
Calif Dept of Rehabilitation - Placerville Branch .....	20
Calif Dept of Rehabilitation - South Lake Tahoe Branch .....	21
Central Sierra Regional Occupational Programs (ROP) .....	102 & 110
Cosumnes River College (CRC) .....	148
Employment Services - South Lake Tahoe .....	62
Hope House Ministries .....	134
Job One One-Stop Career Center - Greenwood .....	132
Job One One-Stop Career Center - Placerville.....	132
Job One One-Stop Career Center - South Lake Tahoe .....	132
Mother Theresa Maternity Home of El Dorado .....	158
Supported Employment Program - M.O.R.E.....	157
Work Activity Center - M.O.R.E.....	158

## ☐ Job Assistance

### ○ Job Assistance (Specific Needs) ○ Job Search

Calif Dept of Rehabilitation - District Office .....	19
Calif Conservation Corps (CCC) .....	13
Divide Wellness Center - Georgetown .....	45
Employment Services - South Lake Tahoe .....	62
Job One One-Stop Career Center - Greenwood .....	132
Job One One-Stop Career Center - Placerville.....	132
Job One One-Stop Career Center - South Lake Tahoe .....	132
Shingle Springs Rancheria .....	177
Supported Employment Program - M.O.R.E.....	157
Truckee Area Access Program .....	37
Work Incentives Education Project - Legal Srvs of Nor Calif .....	146
Vocational & Educational Training Services .....	37

# Topic Index

## ☐ Legal Services

### ○ Courts and Family Law

Teen Youth Court - El Dorado County .....	88
El Dorado County Dept of Child Support .....	51
El Dorado County Probation .....	84
Senior Legal Hotline - Legal Services of Northern California .....	145

## ☐ Legal Services

### ○ Landlord/Tenant Assistance

Legal Center for the Elderly and Disabled .....	142
Legal Services of Northern Calif - El Dorado/Placer .....	146
Senior Legal Center - El Dorado County .....	74

## ☐ Legal Services

### ○ Legal Assistance

Alta Calif Regional Center, El Dorado .....	3
Calif Fair Employment and Housing Dept .....	24
Consumer Credit Counseling Service of Sac Valley .....	41
Disability and Empmt Rights Advocacy - Legal Srvs of Nor Calif .....	143
El Dorado County Dept of Child Support .....	51
Franchise Tax Board .....	128
Health Insurance Counseling and Advocacy Prg (HICAP) - El Dorado .....	64
Health Rights Hotline .....	144
Legal Center for the Elderly and Disabled .....	142
Legal Services of Northern Calif .....	142
Legal Services of Northern Calif - El Dorado/Placer .....	146
Office of the Patient Advocate .....	164
Ombudsman Services of Nor Calif - Legal Services of Nor Calif .....	144
Public Guardian - El Dorado County .....	72
Senior Legal Center - El Dorado County .....	74
Senior Legal Hotline - Legal Services of Northern Calif .....	145
Sierra Fiduciary Services .....	179
Voluntary Legal Services Program .....	198
Work Incentives Education Project - Legal Srvs of Nor Calif .....	146
Workers Comp Division - Calif Industrial Relations Dept .....	199

# Topic Index

## ☐ Safety & Consumer Services

### ○ Animal Services

El Dorado County Animal Control ..... 49

## ☐ Safety & Consumer Services

### ○ Complaints

Auto Safety Hotline - US Department of Transportation ..... 8  
Calif Dept of Insurance ..... 15  
Public Inquiry Unit - Calif Dept of Justice ..... 17  
Calif Fair Employment and Housing Dept ..... 24  
Long Term Care Ombudsman Program ..... 69  
Office of the Patient Advocate ..... 164  
Ombudsman Services of Nor Calif - Legal Services of Nor Calif ..... 144  
Sac District Dental Society ..... 176  
Senior Legal Center - El Dorado County ..... 74  
Sierra Sac Valley Medical Society ..... 180

## ☐ Safety & Consumer Services

### ○ Disaster & Emergency

American Red Cross - Casework Services to the Military ..... 6  
American Red Cross - Disaster Services ..... 6  
American Red Cross - El Dorado District Office ..... 5  
American Red Cross - Sac Sierra Chapter Headquarters ..... 4  
Department of Toxic Substances Control - Calif EPA ..... 23  
National Poison Emergency Hotline ..... 1661

## ☐ Safety & Consumer Services

### ○ Fire & Law Enforcement

El Dorado County Sheriff's Dept ..... 98  
Missing Persons Information ..... 16  
Special Investigations Unit - El Dorado County ..... 76

## ☐ Safety & Consumer Services

### ○ Licensing

Calif Dept of Health Services ..... 14

# Topic Index

## ☐ Shelters, Housing & Utilities

### ◦ Emergency Shelter

El Dorado Women’s Center .....	120
New Morning Youth & Family Srvs .....	162
Emergency Youth Shelter - New Morning .....	163
Runaway and Homeless Youth Support Services - TYFS .....	189
South Lake Tahoe Women’s Center .....	183

## ☐ Shelters, Housing & Utilities

### ◦ Home Improvement ◦ Home Ownership ◦ Rental and Shared Housing ◦ Utilities

City of South Lake Tahoe.....	39
Community & Economic Development Block Grant Programs .....	60
El Dorado County Housing Authority .....	66
Habitat for Humanity, Inc. ....	134
Home Energy Assistance Program - El Dorado .....	65
Housing Authority , El Dorado .....	66
Weatherization - El Dorado County .....	77

## ☐ Transportation

### ◦ Buses ◦ Paratransit ◦ Transportation Financial Assistance

Area Transit Management, Inc .....	8
El Dorado Transit .....	119
Rideshare .....	175
South Lake Tahoe Senior Center .....	183
Twin Lakes Food Bank.....	191

# Application to Join the Directory

Complete Agency and Program information as you wish it to appear in the Community Services Directory. Provide contact information on back side.

## AGENCY

**Agency Name:** .....

**Address:** .....

City: ..... State: ..... ZIP code .....

**Mailing Address** (if different): .....

City: ..... State: ..... ZIP code .....

**Telephone** (# - describe): .....

**Telephone** (# - describe): .....

**FAX:** .....

**E-mail:** .....

**Web Site:** .....

**Funding** (circle sources): City, County, Donations, Federal, Grants/private, Membership/dues, Service Fees, State, United Way or other .....

**Purpose or Mission of Agency:** .....

.....

.....

**Days & Hours Open:** .....

**Person In Charge:** .....

**Title:** .....

**Agency Type** (circle): Association, Church, City, Club, County, District, Federal, Joint Power, Nonprofit, Profit, School, Special District, State, Support Group, or other .....

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## PROGRAM

**Program Name:** .....

**Address:** .....

City: ..... State: ..... ZIP code .....

**Mailing Address** (if different): .....

City: ..... State: ..... ZIP code .....

**Telephone** (# - describe): .....

**Telephone** (# - describe): .....

**Telephone** (# - describe): .....

**Telephone** (# - describe): .....

**FAX:** .....

**E-mail:** .....

**Web Site:** .....

**Person in Charge/Title:** .....

**Days & Hours Open:** .....

.....

**Description of Services:** .....

.....

.....

.....

.....

.....

.....

.....

**Service Aids** (circle all that applies): Architecturally accessible, Near bus lines,  
Parking available, Uses volunteers, or other .....

**Fees:** .....

**Languages Spoken:** .....

.....

**Eligibility:** .....

.....

**Area Served:** .....

.....

**Application/Intake Procedure** (circle all that applies):

E-mail, Referral from \_\_\_\_\_, Telephone, Walk-in, Website,

Write, or Other .....

.....

*I agree that all information above is accurate, complete, and can be published.*

**Name of person completing form:** .....

**E-mail:** .....

**Address:** .....

**Contact Phone:** ..... **Date:** .....

**Mail To:** First 5 of El Dorado County  
4111 Creekside Drive, Suite B  
Shingle Springs, CA 95682



