

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF COMMUNITY PARTNERSHIPS
COMMUNITY RESOURCE DIRECTORY APPLICATION



Please complete the below application in order to be added to the Community Resource Directory and submit back to the Office of Community Partnerships.

Program Name:

Program Description: (250 characters max.)

Target Population for Services (Check All That Apply)

- Accepts individuals convicted of a sex offense Accepts individuals convicted of Arson
Accepts Men only Accepts Women only Accepts Transgender/Transsexual
Co-ed Facility Facility accepts women with children
Accepts individuals who take psych medication(s)
Facility is wheelchair accessible

Contact Person/Title:

Address(es):

County:

City: Zip:

Phone No: Alternate No:

Website:

Email Address:

Business License No. and Expiration date:

*Business License Number (BLN) must be provided for any and all sober living facility.
Applications received without a BLN will not be entered into the database.*

Submit application by: **Email:** communitypartnership@cdcr.ca.gov

-Or- **Fax:**
Office of Community Partnerships,
(916) 324-8290

- Or - **Mail:**
Office of Community Partnerships
Community Resource Directory
1515 S Street, Room 410S
Sacramento, CA 95811