|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Connections**Social Support Services**  **For public assistance benefits like SNAP, Medicaid, or KTAP for cash assistance call  1-855-306-8959 or visit benefind.ky.gov.**  Emergency Needs  **Name:** *description of services*  Open from day-day, from #AM-#PM  Address  Website……………………..Receiver phone number  **Name:** *description of services*  *Open from day-day, from #AM-#PM*  Address  Website……………………..Receiver phone number  **Name:** *description of services*  Website……………………..Receiver phone number  **Name:** *description of services*  Receiver phone number  Shopping basket**Food Assistance**  **Name:** *description of services*  *Open from day-day, from #AM-#PM*  Address  Website………………………*.*Receiverphone number  **Name:** *description of services*  *Open from day-day, from #AM-#PM*  Address  Website……………………….Receiver phone number  **Note:** Not all resources will have a website, phone number, address, etc. Some sections may have more resources than others. This template can be modified to suit the needs of each community. Some information can be left out in order to include more resources. For additional guidance,  please refer to the Resource Guide manual. | | Medical**Health Services**  *Call 1-855-459-6328 to apply for Medicaid or visit HealthBenefitExchange.ky.gov for help.*  **Emergency Dept. and Hospitals**  **Name**  address  Receiver phone number | Website  **Health Centers and Rural Clinics**  **Name**  address  Receiver phone number | Website  **Name**  address  Receiver phone number | Website  **Name**  address  Receiver phone number | Website  Home**Housing**  **Name**  *description day-day from #PM-#AM*..................................Receiver phone number  **Name**  *description*...………………Receiver phone number  Court**Legal Services**  **Name**  *Description*  Website……………………Receiver phone number  **Name**  *Description*  [Website](https://luky-my.sharepoint.com/personal/eela230_uky_edu/Documents/Desktop/lablaw.org)………….….……..Receiver phone number  **Name**  *Description*  Website | |  | | --- | | Place Holder for Image | | COUNTY NAME RESOURCE Guide | | This guide contains a short list of the resources available in and around County Name.  The information provided is subject to change. | | Insert logos here if desired or delete this box  Updated 0#-0#-2024 Version 00# | | | |
| Users**Harm Reduction/Syringe Program**  **Health department name**  address............Receiver phone number  Open DAYS from TIMES  Services: insert text  Group**Behavioral Health Center**  **name**….............…........Receiver phone number  address  Open on day-day, from #AM-#PM  **name**….............…........Receiver phone number  address  Open on day-day, from #AM-#PM  **Speaker PhoneSupport and Treatment Locators** National Hotlines **Substance Abuse Mental Health Services Administration (SAMHSA)**  *Treatment locator*............…Receiver 1-800-662-4357  Online at [findtreatment.gov](https://findtreatment.samhsa.gov/)  **National Suicide Prevention Lifeline**  *24/7 support for people in crisis and/or distress*................................Receiver 1-800-273-8255  Online at [suicidepreventionlifeline.org](https://suicidepreventionlifeline.org/)  **Never Use Alone**  *Overdose prevention when using drugs alone*  neverusealone.com..............Receiver 1-877- Kentucky Support and Treatment Locators **FindHelpNowKY**  *Online treatment locator at FindHelpNowKY.org*  **KY Help Call Center**  *Call Mon-Fri from 8:30AM-5:30PM to speak with a referral specialist..*....Receiver1-877-859-4357  Online at [hopeandhelpky.com](https://luky-my.sharepoint.com/personal/eela230_uky_edu/Documents/Documents/Resource%20Guides/County%20Guides/hopeandhelpky.com)  **Voices of Hope Information and Support Line**....................................Receiver1-888-Hope4KY | Magnifying glass**Naloxone (Narcan)**  **Call 911 in an emergency.**  *Visit odcp.ky.gov/stop-overdoses for more.*  **Pharmacy Name**  Available for purchase............…Receiver phone number  address  Open day-day #AM-#PM, day #AM-#PM  **Pharmacy Name**  Available for purchase.............…Receiver phone number  address  Open day-day #AM-#PM, day #AM-#PM, and day #AM-#PM  **Pharmacy Name**  Available for purchase............…Receiver phone number  Street Address  Open day-day from #AM-#PM  **Online Resource Name**  Available for free/by mail.........…Receiver phone number  Description  Website  Woman with baby**Domestic Violence Resources**  **Name:** *description of services* [website](http://www.pathways-ky.org/womens-services.html)……........................…Receiver phone number  **Name:** *description of services............*…...............….Receiver phone number  Taxi**Transportation**  **name:** *description of services*  website…….............……….…..Receiver phone number  **name:** *description of services*  [website](http://nkcaa.net/)………..…….…..............Receiver phone number  **name:** *description of services*  *description*……...........………….Receiver phone number | | | **ChatMeetings**  Qr code  Description automatically generated**Self-Management and Recovery Training (SMART) Recovery:** *Medication-friendly recovery meetings.* Scan the QR code, visit [linktr.ee/recoveryonline](https://linktr.ee/recoveryonline) , or call 1-888-Hope4KY. **SMART Recovery Friends & Family** meetings may be available.  **Medication-Assisted Recovery Anonymous (MARA):** Information about in-person meetings across Kentucky and online meetings is at  mara-international.org/Kentucky.  Doctor**Medication for Opioid Use Disorder**  **Locations in CITY NAME:**  **name**...............................…Receiver phone number  Medications: <medication names>  Address  **name**..................................Receiver phone number  Medications: <medication names>  Address  **name**  [website](https://aimforchange.net/)…..........Receiver phone number  Medications: <medication names>  Address  **name**...…...…...........………Receiver phone number  Medications: <medication names>  Address  **name**...………...........…..Receiver phone number  Medications: <medication names>  Address  **name**……..........................….Receiver phone number  Medications: Buprenorphine, Sublocade  Address  **name**.......…...........Receiver phone number  Medications: <medication names> |