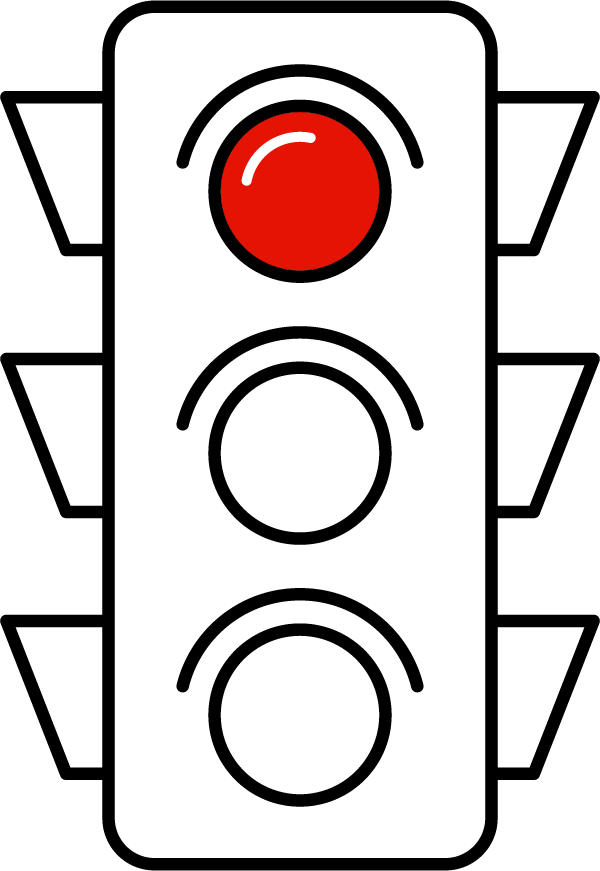
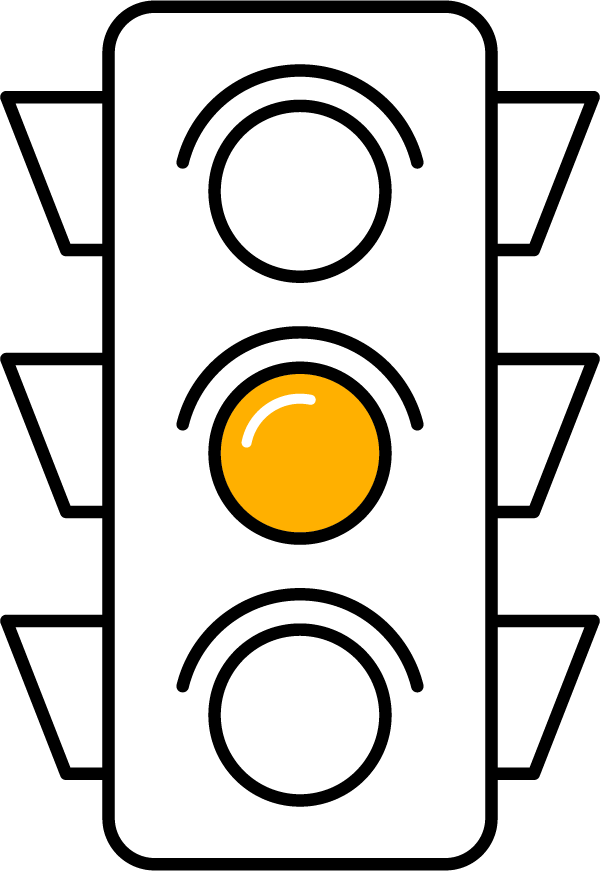
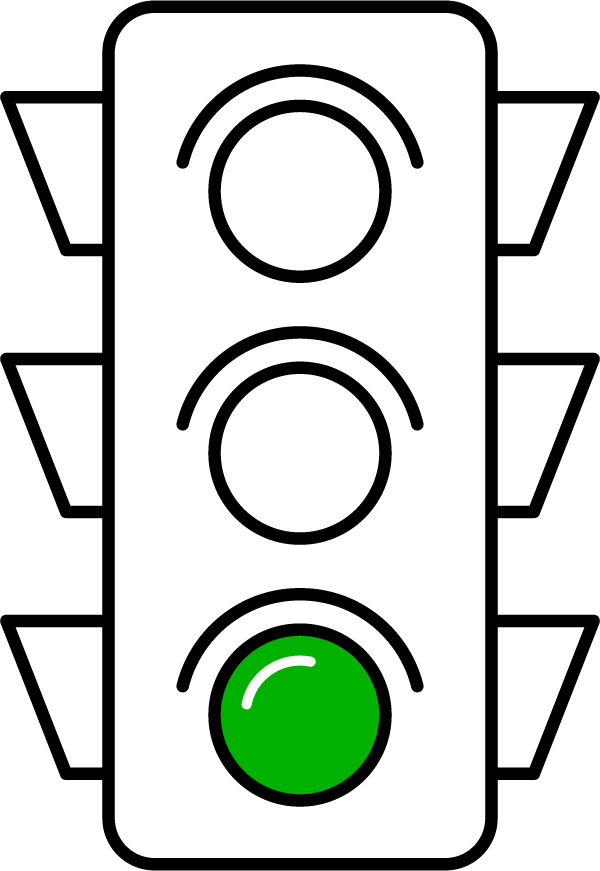
# **Stop Light Referral Resource Guide Template**

**Disclaimer: The Stop Light Referral Resources Guide Template is an example template adapted from Bexar County Hospital District dba University Health System that is customizable based on your organization’s needs.**

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| This is a modifiable template to assist your organization to develop a resource guide that will help connect clients to the referral resources they need. The template should be customized to highlight the most frequently used referral resources in the green section, the moderately asked for in the yellow section, and those least requested in the red section.  To start:   1. Review the template and move resources between categories as appropriate for your agency/jurisdiction 2. Duplicate agency info to add as many as needed per category 3. Divide a category into subcategories (e.g., housing assistance could include shelters, short-term rental assistance, etc.) 4. Add/remove other relevant agency criteria 5. Add other services appropriate for the local community. 6. Be sure to update terms to reflect local use. |

# 

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| --- | --- |
| **Illustration of a green street light.** | GREEN:Resources Commonly Asked For |

# 

### STI Testing

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Tests Provided:**
* **At-Home Tests Available:**
* **Cost:**
* **Insurance Requirement:**
* **Documentation Requirements:**
* **Contact Information**

### STI Treatment

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Treatment(s) Provided:**
* **Cost:**
* **Insurance Requirement:**
* **Documentation Requirement:**
* **Contact Information:**

### Doxy PEP Services

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Cost:**
* **Payment Assistance:**
* **Insurance Requirement:**
* **Documentation Requirement:**
* **Injectable Available:**
* **Language(s) Spoken:**
* **Contact Information:**

### PrEP Services

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Cost:**
* **Payment Assistance:**
* **Insurance Requirement:**
* **Documentation Requirement:**
* **Injectable Available:**
* **Contact Information:**

### Housing Assistance

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Type of Assistance:**
* **Eligibility:**
* **Documentation Needed:**
* **Contact Information:**
* **Additional information:**

### Transportation Assistance

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Cost:**
* **Eligibility:**
* **Contact Information:**

### Food Assistance

Agency Name

* **Hours**:
* **Address**:
* **Phone number:**
* **Website:**
* **Cost**:
* **Type of Assistance/Programs:**
* **Requirement/Eligibility:**
* **Contact Information:**

### Utility Assistance

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Type of Assistance:**
* **Eligibility:**
* **Contact Information:**
* **Additional information:**

### Mental Health

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Cost:**
* **Insurance Requirement:**
* **Services:**
* **Eligibility:**
* **Contact Information:**
* **Additional Information:**

### Substance Use

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Cost:**
* **Type of Services:**
* **Eligibility:**
* **Documentation Requirements:**
* **Contact Information:**

|  |  |
| --- | --- |
| **Illustration of a yellow street light.** | YELLOW:Resources Moderately Asked For |

### Sexual Health Education

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Educational Topics:**
* **Cost:**
* **Requirement(s):**
* **Contact Information:**

### nPEP/PEP Services

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Cost:**
* **Time Frame to Begin:**
* **Insurance Requirement:**
* **Documentation Required:**
* **Contact Information:**

### Support Groups

Agency Name

* **Meeting Time(s):**
* **Location:**
* **Group Focus/Type:**
* **Attendance Requirement(s):**
* **Contact Information:**

### Substance Use Treatment

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Services:**
* **Eligibility:**
* **Documentation Required:**
* **Cost:**
* **Contact Information:**
* **Additional Information:**

### Vaccine Services

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Vaccines Available:**
* **Cost:**
* **Eligibility:**
* **Documentation Required:**
* **Walk-ins Accepted:**
* **Contact Information:**
* **Additional Information:**

### Insurance Navigation

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Cost:**
* **Services:**
* **Eligibility:**
* **Documentation Required:**
* **Contact Information:**
* **Additional Information:**

|  |  |
| --- | --- |
| **Illustration of a red street light.** | **RED:**  **Resources Rarely Asked For** |

### Sexual Assault Resources

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Services:**
* **Cost:**
* **Contact Information:**
* **Additional Information:**

### Domestic Violence Assistance

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Services:**
* **Cost:**
* **Contact Information:**

### Dental Assistance

Agency Name:

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Cost:**
* **Insurance:**
* **Eligibility:**
* **Required Documentation for Qualification:**
* **Walk-Ins:**
* **Contact information:**
* **Additional Information:**

### Home Services

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Assistance Type(s):**
* **Eligibility:**
* **Cost:**
* **Contact Information:**
* **Additional Information:**

### GED: General Educational Development

Agency Name:

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Eligibility:**
* **Cost:**
* **Class Format(s):**
* **Advising:**
* **Contact Information:**
* **Additional Information:**

### Employment Assistance

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Eligibility:**
* **Cost:**
* **Class/Group Format(s):**
* **Contact Information:**

### Financial Literacy

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Eligibility:**
* **Cost:**
* **Class/Group Format(s):**
* **Contact Information:**

### Legal Services

Agency Name

* **Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Cost:**
* **Legal Services Provided:**
* **Documents Required:**
* **Contact Information:**

### Child Care

Agency Name

* **Organization Hours:**
* **Childcare Hours:**
* **Address:**
* **Phone number:**
* **Website:**
* **Childcare Ages:**
* **Cost:**
* **Eligibility:**
* **Documentation Required:**
* **Contact:**
* **Additional Information:**