

**Content Worksheet**

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| *Program or Title:* |  |
| *Agency Name:* |  |
| *Contact Phone Number:* |  |
| *Description:* |  |
| *Website:* |  |
| *Placement on PCRG Website: (choose existing category from website or enter new category title with desired location)* |  |

***Example:***

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| *Program or Title:* | Child & Teen Checkups |
| *Agency Name:* | Inter-County Nursing Service |
| *Contact Phone Number:* | 218-681-0876 |
| *Description:* | Child and Teen Check-Ups are well child visits for children ages birth through 20 eligible for Medical Assistance and Minnesota Care. |
| *Website:* | http://www.intercountynursingservice.com |
| *Placement on PCRG Website: (choose existing category from website or enter new category title with desired location)* | Health & Wellness, Children & Families |

*Please contact Melissa or Jessica with any questions or clarifications.*