

## Content Worksheet

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

***Example:***

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

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