

Golden Cares

Supplies/Skills/Services Inventory Sheet

Name of Program/Resource: Al-Anon and Alateen

Category of Program/Resource: ___ Supplies ___X___ Skills ___ Services

Type of Program/Resource (please place an [X] before appropriate category):

Food Distribution/Community Meal
Housing
Emergency Assistance
Homeless
Legal Aid
Clothing
Medical/Dental/Vision
Parenting
Budgeting/Finance
State/National/Global Efforts

Substance Abuse
Education – e.g. tutoring, ESL
Children/Youth
Ethnic/Cultural
[X] Support Group
Law Enforcement
Elder Care
Resource/Referral/Information
Leadership
Other _____

Organization/Group/Agency: Colorado Al-Anon/Alateen Inc.

Website: www.al-anon-co.org

Address:

City/State/Zip Code:

Phone/Fax: 1-888-425-2666

Contact Person:

Email:

Description:

Group meetings to help friends and families of alcoholics recover from the effects of living with the problem drinking of a relative or friend. The focus is on the person seeking help, not the alcoholic.

Geographic Area Served: Golden and surrounding area

Days/Hours: Varies

Costs/Fees: None

Access: Phone, Walk-in

Volunteer Opportunities: ___ Yes ___X___ No

Donations Accepted: ___X___ Yes ___ No