**“Agency Name” Complete List of Current Support Groups**

Month Year – Month Year

Date of update:

Who is the best person at your agency to contact if we have questions about the information on this form or future support groups?

**Support Group 1**

What is the name of this support group?
Default: “Agency Name” – Support Group

Day/Time:

Is this on a recurring basis?
Ex. The second Tuesday of every month

ALL upcoming dates:
\*\*Even if it is on a recurring basis, please list all upcoming dates so we can be sure our schedule is identical to yours

Counties served:

Who is this support group intended for?

If virtual, what platform are you using? (Zoom, Microsoft Teams, other?)

If in person, where are you meeting (now or in the future)?

Do families need to RSVP prior to attending?

Who should families contact with questions or to RSVP?

If virtual, how do families access the group? Would you like the link posted online?

Any additional taglines/information you’d like included:
Ex. “We can’t wait to meet you!”

**Please feel free to copy and paste the above template as many times as you need. We prefer all support groups for your agency to be listed on one form rather than having a separate form for each group.**

**Please submit all completed forms to** **FCNPWebUpdates@JudsonCenter.org** **and feel free to reach out with questions any time!**