

## RESOURCE LIST QUESTIONNAIRE

1. Name-
2. Job title-  
Job description-
3. Phone Number-  
Fax number-  
Email address-
4. Local Health Dept.-
5. Work hours-
6. Back-up person:  
Phone number-  
Fax number-  
Email address-
7. Population of county/ city- City -
8. Number of open PHBPP cases-
9. Number of hospitals with births in your county/ city-
10. Resources available at my LHD (STD, Prenatal clinic, etc)-
11. Brief description of how I do follow-up-