Partners for Formerly Incarcerated People

A guide for resources in Butte and Glenn Counties to provide formerly incarcerated people with access to information, forms, and community organizations that address financial, social, and legal barriers.

This guide is a call to be informed of the opportunities and support systems that are available in your community. It was developed to enhance and improve professional standing and the quality of life of the CSUC students and formerly incarcerated people.

A Publication of Starting Over Strong
www.StartingOverStrong.com
Background & Acknowledgments

In 2008, Butte and Glenn Counties began re-evaluating policies, services, and systems affecting individuals who were reentering communities and exiting the criminal justice system. California State University, Chico students and community leaders recognized and appreciated that by working together; we could improve community support and encourage people reentering communities from jails and prison.

We wanted to focus on developing substantial, realistic and cost effective solutions to creating a comprehensive system of care that encourages people transitioning out of prisons and jails. We wanted to this to be a successful and permanent return to their communities.

In 2009 we created a coordinated effort called Partners for Formerly Incarcerated People. The goal of the group was to help people transition from criminal justice system to get their lives back on track. We started by giving them knowledge and access to the expungement process. We wanted to expand and enhance resources and services for the formerly incarcerated population.

We wanted to provide people with guidance on how to access and receive the services they needed. We decided the best way to do this was to create a guide that included comprehensive and accurate information for the reentry community. Partners for Formerly Incarcerated People created this directory for people who wish to reenter society and become productive members of that society.

We know that we are only beginning to scratch the surface on the problems that exist for formerly incarcerated individuals and their families. The more attractive you make a program, the more success you will have; not only for this vulnerable population, but for humankind.

This kind of change will only happen by assisting formerly incarcerated people in pursuing social change and creating a pathway to achieve personal, professional, and social standing in the community. Partners for Formerly Incarcerated aspire to help and encourage all individuals facing social and legal inequities to achieve their goals and dreams.

There are so many people to thank for their involvement in this movement. But, first and foremost, we want to thank God; the father of all second chances.

Our desire is to end discrimination of formerly incarcerated people.
How to use this guide:

First – Think about what support you have and what you need.

Second – Use the Inventory of Service to determine what services you will need.

Third – Use the Service of Prioritize worksheet to organize your service needs.

Fourth – Review the entire guide and contents. Then identify your needs and focus on the services that will best serve you. Take time to evaluate all the details in each section. Often time’s providers offer a range of services and one place may help you access many services.

Fifth – Record all the information you will need such as, important contacts and eligibility requirements.

Sixth – Plan and use the transition plan work sheet to manage and follow up.

Seventh – Follow up again, many times you will have to contact people and providers multiple times before you get all the information you need.

Eighth – Organize and keep all of your notes and other important documentation like court documents and resumes organized and sorted in one spot.
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**Introduction**

This directory was put together by Chico State social work students who wanted to make it a little easier for you to reenter society and obtain professional work in your local community. These dedicated students as well as professionals and community leaders are committed to investing themselves and their resources to eliminate discrimination by pursuing social change and create a pathway to achieve personal, professional and social standing in the community.

There are resources in this directory that will help you locate legal assistance, educational and employment opportunities. We realize that students such as you will need a lot of support, guidance and direction in order for you to achieve professional success. This directory will help you identify and develop methods to enhance and improve professional standing and the quality of life of formerly incarcerated individuals.

Each person will need to involve themselves completely in the process designed to facilitate their success. This guide is filled with service providers who are committed to helping you address your needs and create a plan for a successful transition back in a community.

Through the efforts of Patty Hunter, Vincent Ornelas, Patrick Mace, Sharon Darsey, Stephanie Owens, and Alma Ayala this directory is available to help you access information, forms, social and legal resources. We hope to empower people who desire to not just survive or have any job but, to live, have meaningful employment and participate in their community.

We especially want to thank Jessica Flintoft for her invaluable expertise and advice on how to adopt a Safe Re-entry Council in Butte County. Without her along with the District Attorney in San Francisco this directory would be not be made possible.
WHERE TO START – TAKE THE FIRST STEP

Okay, so you’ve made it this far. That’s great but bear in mind that there are many things you as a person with a criminal history, has to do in order to achieve your professional goals. If you wish to work for a governmental agency or obtain a license there are certain rules and regulations that apply. Licensing boards as well as agencies use their discretionary power to make decisions that can either help or hinder your power of choice. Those who have come before you know that you have to have a plan. This is why we have taken the time to make this directory available for you.

Ex-offenders face many barriers to employment. Most ex-offenders are not prepared for the many obstacles they will face. Several laws specify certain occupations that are off limits or restricted for individuals with various types of criminal convictions, and certain jobs require mandatory criminal background checks. Among these are: Financial Institutions, Insurance Industry, High-level positions in union and companies managing employee benefit plans, Health Care Services that receive Medicare and Medicaid payments, Childcare, Prisoner Transportation Services, Aviation and Law Enforcement.

The direction of your life is defined by your choices. Prioritizing your choices is crucial to your success in achieving your goals. Spend your time wisely. Think about the services you will need. Your successful transition back to your community is linked to positive planning and requires action on your part.

Take the time to write out an inventory of people, places, and activities that will assist you in making a plan that works for you. This is an important step in attaining your goals. Each step you take will bring you that much closer to realizing that you can transition into becoming a professional no matter what your past is. Remember you are not alone.
PRIORITIZE YOUR GOALS

Take a moment to review the resources for physical health, access to mental health treatment, substance abuse treatment, anger management, case management and positive community connections. There are leaders in your community as well as CSUC leaders who have taken the time to list their areas of expertise; and they are committed to empowering you with access to local resources that will enable you to achieve a sense of control over the situations that have affected your life.

It is critical that you negotiate partnerships in your community to help you identify priorities and goals that will encourage and benefit you. Challenge yourself to identify and discover these resources. In addition review the website links for assistance with clothing and employment.

Make a list of contacts in the community, which will be helpful with directing you in your thoughts and life goals. These contacts are essential. Take advantage of community organizations, resources and connect with supportive entities. Networking in your community will ensure successful re-entry into your community.

Focus your attention on building a strong foundation for your professional career. Be an active participant in your life. Identify your strengths as well as recognizing your weak areas. Discover overlooked abilities, knowledge and experience. Ask yourself what skills and resources will enable you to reach your goals.

Utilize this directory and other resources to assist you on accessing the services that will guide you toward a healthy lifestyle. The following pages are worksheets designed to help you create your transition plan. Let’s get started!
Inventory of Services

Review what services you will need. It is important to take care of your basic and immediate needs. This will involve planning and action.

Think about what you will need and plan how you will facilitate this process.

- Identification
  - Birth Certificate
  - Social Security Card
  - California License or ID
  - RAP Sheet

- Benefits
  - CalWORKS/TANIF
  - Food Stamps
  - Supplemental Security Income (SSI)
  - Veterans Benefits

- Housing
  - Permanent Housing
  - Transitional Housing
  - Residential Treatment Facilities
  - Emergency Shelters for Individuals
  - Domestic Violence Shelters

- Wellness
  - Health
  - Behavioral Health
  - Life Skills
  - Counseling
  - Community

- Education & Employment
- Probation & Services
- Legal

- Families and Children
- Child Support
Service Worksheet

This worksheet will assist you in deciding how to prioritize how you will begin to follow up with service providers. A sample is provided for you to plan ahead.

Sample

Priority I  Identification

Begin by obtaining your Birth Certificate, driver’s license and Social Security card. Most of private or public housing services require that you have identification. Because it takes time for you to receive your identification it is your first priority.

Priority II  Housing

It is important that you establish safe and long term housing; with the service providers we have listed to determine the best housing option for you and begin the application process. The application process takes time and you may be put on a waiting status.

Priority III  Health and Wellness

If you have any health related issues: mental, emotional or physical issues address as soon as possible after to your release; makes an appointment at a clinic. If you plan ahead you will have the medical attention you require and get your prescriptions filled

Prioritize your time

Priority 1:______________________________________________________________

Priority 2:______________________________________________________________

Priority 3:______________________________________________________________
Transitional Plan

At this point you have completed your service work sheet and considered how you will prioritize your time while you begin to review your options of organizations & departments.

THE REENTRY TRANSITIONAL PLAN WILL ASSIST YOU IN ORGANIZING AND MANAGING EACH AND EVERY ONE OF THE SERVICE DETAILS.

There may be information requested from you that is confidential. If you are unable to keep the information below in a secure place, for now do not fill it out. However, be certain to know all the details.

PERSONAL IDENTIFICATION

Legal Name (First, Middle, Last):

Date of Birth: __________________________ Birth Place: __________________________

Corrections I.D. Number________________________ Social Security Number________________________

Permanent Residence Following Release: ________________________________________________

Projected Release Date: __________________________ Parole/P.O. Date to Appear______________

Parole/P.O. Name________________________ Office Location:________________________
PRE RELEASE INVENTORY/CHECKLIST: at least 3 months prior to release, attend to these items.

☐ I have obtained a drivers’ license or begun the application process

☐ I have arranged for transportation upon my release

☐ I have in my possession certificates of completion for workshops, classes and/or school

☐ I obtained my paperwork regarding where I need to report after release

☐ I have completed the out of county transfer application

☐ I have attended to any outstanding traffic tickets or active bench warrants

☐ Other items:

Get in touch with your probation or parole agent or another service provider to handle these issues as they arise. You will be glad you did.

BE HONEST ABOUT PERSONAL CHALLENGES AND DIFFICULTIES AND FACE THEM

Identify Personal Challenges:

Do you suffer from depression? Anxiety? Are you in a dysfunctional relationship that is hurtful or causes you harm? Do you have a substance abuse or other addictions?

What other issues could you address? Being honest with yourself will help you address these challenges early on.

PRACTICE POSTIVE & HEALTHY COPING METHODS:

- Rest and relax
- Exercise
- Eat healthy food
- Attend support groups and Twelve Step programs
- Express yourself – be creative – learn new things
- Develop good friendships
FOLLOW UP ON PRIORITY LIST

Priority 1: ____________________________________________________________

Contact and/or Organization: ____________________________________________

Location: __________________________________________________________________

Hours of Operation: ____________________________ Appointment □ Yes □ No

Service Charge: ___________________________________________________________

FOLLOW UP

Date:__________________________                             Contact Person_____________________

Information/Instruction: __________________________________________________

APPOINTMENT DATE:__________________________________________________________

Priority 2: ____________________________________________________________

Contact and/or Organization: ____________________________________________

Location: __________________________________________________________________

Hours of Operation: ____________________________ Appointment □ Yes □ No

Service Charge: ___________________________________________________________
FOLLOW UP

Date: __________________________                     Contact Person________________________

Information/Instructions: _______________________________________________________

APPOINTMENT DATE: ___________________________________________________________

Priority 3:_____________________________________________________________________

Contact and/or Organization: _____________________________________________________

Location: ______________________________________________________________________

Hours of Operation: ____________________________ Appointment [ ] Yes [ ] No

Service Charge: _________________________________________________________________

FOLLOW UP

Date:__________________________                             Contact Person_____________________

Information/Instruction: ________________________________________________________

APPOINTMENT DATE:______________________________________________________________
Priority 4:________________________________________________________________________

Contact and/or Organization: ______________________________________________________

Location: ______________________________________________________________________

Hours of Operation: ____________________________ Appointment [ ] Yes [ ] No

Service Charge: __________________________________________________________________

FOLLOW UP

Date: __________________________                     Contact Person________________________

Information/Instructions: ________________________________

APPOINTMENT DATE: __________________________________________________________________
GENERAL CONDITIONS OF PAROLE

1. Criminal Conduct
   - You must obey all laws. The BPH may find that you have violated parole, even if you are not convicted in court and even if you are not charged with a crime.
   - If you are arrested or cited by any peace officer for any misdemeanor or felony, you must tell your parole officer right away. You must do this even if you are released.

2. Instructions
   - You must report to your parole officer the first working day after your release unless you have written permission to report later.
   - You must do what your parole officer tells you to do.
   - If another agency has placed a hold on you, you may be released to their custody. If you are released from their custody before the end of your parole period, you must contact the nearest California parole office immediately. They will tell you what to do.

3. Searches
   - Any parole officer or peace officer can search and seize you, your property, and any property under your control at any time of the day or night with or without cause.
   - They can also search your residence of record and where you live.

4. Travel
   - You cannot go more than 50 miles from your home unless you have written permission from your parole officer.
   - You cannot leave the county where you live for more than 2 days (48 hours) without written approval from your parole officer.
   - You cannot leave California without written approval from your parole officer.
   - If you are arrested in another state, you agree to give up your right to a hearing on whether you can be brought back to California.

5. Residence and Employment
   - You must tell your parole officer where you are living and where you are working.
   - You must tell your parole officer before you change where you live.
   - You must tell your parole officer within 3 days if you lose, quit, or change your job.
   - You must tell your parole officer within 3 days if your work address changes.

6. Weapons
   - You shall not own, use, have access to, or have under your control:
     - Any kind of gun.
     - Anything that a reasonable person would think looks like a gun.
     - Any ammunition that could be used in a gun.
     - Any weapon not allowed by State or Federal law.
     - Any weapon that a reasonable person would think could be used as a weapon.
     - Any knife with a blade longer than 2 inches.
       - You can have kitchen knives, but they must be kept at your house in the kitchen.
       - You can have knives you need for work, but they can only be used and carried during normal work hours for your job with your parole officer's approval.
     - A crossbow of any kind.

7. Failure to Sign Conditions of Parole
   - You shall sign these conditions of parole and any special conditions imposed by your correctional counselor, parole officer, or the DPH. Failure to sign any conditions of parole will result in your being returned to custody.

<table>
<thead>
<tr>
<th>CDC Number</th>
<th>Inmate/Parolee Name (Last, First, M.I.)</th>
<th>Inmate/Parolee Signature</th>
<th>Date Signed</th>
</tr>
</thead>
</table>

Distribution: White: CDCI
Yellow: Field File
Pink: Parole
STATE OF CALIFORNIA  
NOTICE AND CONDITIONS OF PAROLE  
CDC 1515 (Rev 05/01)

You will be released on parole effective , 20 for a period of . This parole is subject to the following notice and conditions. Should you violate conditions of this parole, you are subject to arrest, suspension and/or revocation of your parole.

You waive extradition to the State of California from any state or territory of the United States or from the District of Columbia. You will not contest any effort to return you to the State of California.

When the Board of Prison Terms determines, based upon psychiatric reasons, that you pose a danger to yourself or others, the Board may, if necessary for psychiatric treatment, order your placement in a community treatment facility or state prison or revoke your parole and order your return to prison.

You and your residence and any property under your control may be searched without a warrant by an agent of the Department of Corrections or any law enforcement officer. If another jurisdiction has lodged a detainer against you, you may be released to the custody of that jurisdiction. Should you be released from their custody prior to the expiration of your California parole, or should the detainer not be exercised, you are to immediately contact the nearest Department of Corrections’ Parole and Community Services Division Office for instructions concerning releasing to a parole agent.

You have been informed and have received in writing the procedure for obtaining a Certificate of Rehabilitation (4852.21 PC).

CONDITIONS OF PAROLE

1. SPECIAL CONDITIONS MUST: a) Relate to the crime for which you were convicted, b) Relate to conduct which is itself criminal, c) Prohibit conduct which may be related to future criminality. You are subject to the following special conditions:

Reasons for the imposition of special conditions of parole:

I acknowledge my special conditions of parole.

[Signature]

Parolee's initials

SIGNATURE OF UNIT SUPERVISOR DATE SIGNED

6. PAROLE AGENT INSTRUCTIONS: You shall comply with all instructions of your parole agent and will not travel more than 50 miles from your residence without prior approval. You will not be absent from your county of residence for a period of more than 48 hours and not leave the State of California without prior written approval of your parole agent.

4. CRIMINAL CONDUCT: You shall not engage in conduct prohibited by law (state, federal, county or municipal). You shall immediately inform your parole agent if you are arrested for a felony or misdemeanor crime. Conduct prohibited by law may result in parole revocation even though no criminal conviction occurs.

5. WEAPONS: You shall not own, use, have access to, or have under your control: (a) any type of firearm or instrument or device which a reasonable person would believe to be capable of being used as a firearm or any ammunition which could be used in a firearm; (b) any weapon as defined in state or federal statutes or listed in California Penal Code Section 12020 or any instrument or device which a reasonable person would believe to be capable of being used as a weapon as defined in Penal Code Section 12020; (c) any knife with a blade longer than two inches, except kitchen knives which must be kept in your residence and knives related to your employment which may be used and carried only in connection with your employment; or (d) a crossbow of any kind.

You shall sign this parole agreement containing the conditions of parole specified in Board of Prison Terms (BPT) Rules Section 2512 and any special conditions imposed as specified in BPT Rules Section 2513. Penel Code Section 3060.5 provides that the BPT shall revoke the parole of any prisoner parolee who refuses to sign the Notice and Conditions of Parole. You have the right to appeal the special conditions of parole. Special conditions imposed by the Parole and Community Services Division may be appealed pursuant to California Code of Regulations (CCR), Section 3084 and 3085. Special Conditions of parole imposed by the BPT may be appealed pursuant to CCR, Section 2050.

I have read or have had read to me and understand the conditions of parole as they apply to me.

<table>
<thead>
<tr>
<th>CDC NUMBER</th>
<th>PAROLEE NAME (First &amp; Last)</th>
<th>PAROLEE SIGNATURE</th>
<th>DATE SIGNED</th>
</tr>
</thead>
</table>

TO BE COMPLETED BY STAFF:

Does the inmate/parolee have a qualifying disability requiring effective communication?  Yes  No

If yes, cite the source document and/or observations:

What type of accommodation/assistance was provided to achieve effective communication to the best of the inmate's/parolee's ability?

<table>
<thead>
<tr>
<th>STAFF NAME (First &amp; Last)</th>
<th>STAFF SIGNATURE</th>
<th>DATE SIGNED</th>
</tr>
</thead>
</table>

DISTRIBUTION: ORIGINAL, CENTRAL FILE, CANARY, PAROLE AGENT, CNS, PAROLEE/INMATE
General Conditions of Probation

1. Submit to being supervised by and cooperate with the Butte County Probation Department. Follow, in all respects, any lawful instructions given to you by the probation officer.

2. You must report to the probation officer in such a manner and at such times as shall be required and furnish any information about yourself that may be lawfully demanded.

3. You must always keep the probation officer informed as to your exact address of residence as well as to the names of all persons residing with you and their relationship to you.

4. You must maintain your residence as approved by the probation officer and not change your residence without the prior written approval of the probation officer.

5. Do not associate with anyone known to you to be on probation or parole, except with the permission of the probation officer.

6. You must not leave the State of California without having first received written permission from the probation officer to do so. By accepting probation herein you agree to waive extradition to the State of California from any jurisdiction in or outside of the United States where you may be found and also agree that you will not contest any effort by any jurisdiction to return you to the State of California.

7. If deported or caused to return to your country of citizenship, you are not to enter the United States illegally. If you enter the United States legally or illegally, you are to report in person to the Butte County Probation Department within five (5) days of entry into the United States.

8. If applicable, authorize the probation officer to make a copy of the diagnostic study and recommendation, pursuant to Penal Code §1203.03 available to any psychiatrist, psychologist, or counselor who is treating/counseling you.

9. You must cooperate in any psychiatric or psychological testing or counseling which may be suggested by the probation officer and authorize the release of any type of reports or records (written or oral) from any psychiatrist, physician, psychologist, or counselor to the Court, Probation Department, and District Attorney.

10. If directed to do so by the probation officer, successfully participate in educational course work and/or vocational training.
11. If directed to do so by the probation officer, actively seek and maintain lawful employment and earn money for the support of yourself and your dependents, per PC §1203.1(d). You must keep the probation officer informed of the exact name and address of your employment.

12. You must obey all laws, ordinances, legal regulations. You must also comply with any co-existing Court orders pertaining to you, including civil restraining, family support orders and you must comply with all Department of Motor Vehicle regulations with respect to operating any motor vehicle.

13. You must report to the probation officer, no later than the next working day, any arrests or any contacts with or incidents involving any peace officer.

14. Pay fines, restitution and fees as specified on the FINANCIAL OBLIGATION PAGE attached hereto and incorporated herein by this reference, and as ordered by the Court. When requested, submit to the probation officer/Court Compliance Unit a complete written financial accounting, including all bills, receipts and expenditures written for the time period specified, for the purpose of facilitating the ability to pay assessments and/or establishing fine/restitution payment schedules.

15. Report, in person, to the Butte County Probation Department Adult Supervision Unit at 3:00 p.m. on the first Tuesday after you are granted probation, or you are released from jail (either time served or placed on a jail program such as SWAP, ESP, work furlough or parole) unless otherwise directed by the Court.

16. (Prop. 36 Cases) Waive any confidentiality relative to his/her progress in said program of education, treatment, or rehabilitation, to the limited extent that any information relative to such progress shall be available only to the Court, Defendant, District Attorney, Probation Officer and the treatment agency. Execute any necessary documents in connection therewith.
Special Conditions of Probation

☐ Felony  ☐ Misdemeanor  ☐ Formal Probation  ☐ Conditional/Revocable Release

☐ Obey all laws and general conditions ordered by the Court.

☐ 1. Serve _____ days of the probationary term, with credit for time served, to wit _____

    actual days, commencing:

    ☐ FORTHWITH remanded to custody of Sheriff  ☐ REPORT TO JAIL on or before _____

    ☐ CUSTODY ALTERNATIVE PROGRAMS NOT AUTHORIZED

    (SWAP, Work/School Furlough, ESP, Parole)

    ☐ This term of incarceration to be served  ☐ CONSECUTIVELY

    ☐ CONCURRENTLY to any other sentence.

☐ The probation officer is authorized to release this probationer from the Butte County Jail for the limited purpose of facilitating an evaluation for and/or placement into a licensed residential substance abuse treatment program. If so placed, the defendant shall be given credit for time served.

☐ 2. COMPLETE _____ hours of COMMUNITY SERVICE and pay applicable fees in a manner determined by the Court Compliance Unit.

☐ 3. Submit to search of your person, property, residence, vehicle, or any container under your control or in which you have an interest at any time, night or day, by any peace officer with or without a warrant of arrest, search warrant, reasonable or probable cause, your then presence or your then consent, for the purpose of determining compliance with the conditions of probation.

☐ 4. Totally refrain from the use, control, or possession of any controlled substance unless with a current prescription from a licensed physician. Do not possess any narcotic paraphernalia nor knowingly associate with anyone who has ever been convicted of any criminal offense involving these substances, nor anyone using or selling controlled substances, without permission of the probation officer. ☐ No Prop 215 marijuana recommendations allowed.
5. Totally refrain from the use or possession of any alcoholic beverages and not knowingly enter any place of business or location where alcohol is the primary item for sale or use. Do not ingest or use any item containing alcohol.

6. Participate and cooperate at your own expense in any approved medical/drug therapy treatment program (Antabuse, etcetera), to be administered and monitored as directed/approved by the Probation Officer.

7. Submit to any testing, treatment, or program designed to detect the presence of alcohol or controlled substance. Do not ingest any poppy seeds or supplements containing creatinine. You may not use or possess any devices designed to alter, mask or negate drug testing results. You may not falsify any drug test. Said testing to be at probationer's expense, per PC §1203.1ab.

8. Enroll in, pay for and successfully complete a 12 Step or other approved self-help program as directed, and not terminate participation in said program without the permission of the Court or your probation officer.

9. Within seven (7) days of being granted probation or released from custody, provide written proof of enrollment in, payment of and, thereafter, successful completion of, within one year from the date you are granted probation, an approved BATTERER’S TREATMENT PROGRAM. Do not terminate participation in the program without the permission of your Probation Officer. While in the program, you are subject to drug/alcohol testing by program staff. As to case:_____.

10. Within seven (7) days of being granted probation or released from custody, provide proof of enrollment in, payment of, and thereafter, successful completion of a ___ program/class, and do not terminate your participation in the program/class without the permission of the Court or your Probation Officer. As to case:_____.

11. Enroll in, pay for, and successfully participate in a SEX OFFENDER SPECIFIC THERAPY program, including an AIDS Education Program, as directed by your Probation Officer. Do not terminate participation in the program without the permission of the Court or your Probation Officer.

12. Do not associate or have any contact with any minor (child) under the age of eighteen (18) years, except in the immediate presence of a “responsible adult” approved in advance by your Probation Officer. For the purposes of this order _____ SHALL NOT be qualified to act as a “responsible adult.” Exceptions:_____.

13. Do not cohabitate with any person who has the care and custody of any minors (children). Do not enter or visit places or be involved in any activity where children are primarily involved, found, or frequent (i.e. schools, playgrounds, video arcades, children’s parks, or other such locations/activities, which attract/involve children) except in the immediate presence of a “responsible adult” approved in advance by your Probation Officer. Do not own or possess any material suggesting or involving child nudity or of children depicted, shown, or involved in a sexual context. Exceptions: 

14. Do not in any way, personally, or through any third party, contact, annoy, harass, harm, or communicate with: ____. Comply with any existing §136.2 PC order.

15. Surrender driver’s license to the Court Clerk or Probation Officer, to be returned to the California Department of Motor Vehicles.

16. Do not operate any motor vehicle with any amount of alcohol/controlled substances in your blood, unless with a current prescription from a licensed physician.

17. Enroll in, pay for and successfully complete □ DUI school □ SB-38 □ _____, which has been certified by the State of California, as directed by the probation officer.

18. Immediately comply with the requirements of H&S 11590 and register as a narcotic offender.

19. Submit to HIV testing pursuant to Penal Code §1202.1 at your own expense and as directed by the Court or your Probation Officer.

20. You are to enter and complete a residential substance abuse treatment program as specifically approved by your probation officer. Do not leave the program or otherwise terminate your participation in the program without the permission of the program staff and your probation officer. While in the program, you are subject to warrantless search and drug/alcohol testing by program staff. You must follow all program rules as a condition of probation. Upon graduating from the program, you are to participate in any “aftercare” program recommended by program staff. Report in person to the Butte County Probation office in Oroville at 1:00 p.m. on the first Tuesday after you leave the program for any reason. No custody time credits will accrue for participation in a residential treatment program, as a condition of probation.

20a. You are to enter and complete a residential substance abuse treatment program as specifically approved by the court or your probation officer. Do not leave or otherwise
terminate your participation in the program without the permission of program staff and the court or your probation officer. While in the program, you are subject to warrantless search and drug/alcohol testing by program staff. You must follow all program rules as a condition of probation. Upon graduating from the program, you are to participate in any “aftercare” program (to include a 12 Step or other approved self-help program) as recommended by program staff. For those defendants on formal probation: Report in person to the Butte County Probation officer in Oroville at 1:00 pm on the first Tuesday after you leave the program for any reason. For all defendants: No custody time credits will accrue for participation in a residential treatment program, as a condition of probation.

☐ 21. Do not possess any checks other than your paycheck. Maintain no accounts on which a check can be drawn.

☐ 22. You are not to own or possess any credit cards or access cards not in your name.

☐ 23. Cooperate with Children’s Services Division and/or the Butte County Juvenile Court relative to care and custody of your minor children. Comply fully with any ☐ Court order ☐ Family Maintenance or reunification plan or agreement, addressing the care, custody, and/or welfare of your children.

☐ 24. Pursuant to the guidelines of §1210 PC, actively participate in and successfully complete an approved drug treatment program(s) as directed by the Court or your probation. Comply with the recommended treatment program and classes. Do not terminate participation in said program/class without the permission of the Court, your probation officer and program staff.

☐ 25. Do not enter or be on the premises of ____ located at____.

☐ 26. Immediately familiarize yourself and hereafter comply with the requirements of §186.30 PC.

☐ 27. As a result of your conviction, you shall be designated as a habitual traffic offender for a period of ____ years, subsequent to the conviction. Your driving privilege shall be revoked for a period of ____ years.

☐ 28. Pursuant to §23575(a)(1) VC, you shall install a certified ignition interlock device on any vehicle that you own or operate for a period of ____ years.

☐ 29. Pursuant to §____ VC, your California Driver’s license shall be suspended by the Department of Motor Vehicles for a period of ____ years.
30. Enroll in, pay for and successfully complete a substance abuse educational class, an outpatient substance abuse treatment program, an intensive outpatient (day treatment) program, or a 12 Step or other approved self-help program as directed, and not terminate participation in said program/class without the permission of the Court or your Probation Officer.

31. Attend and complete a parenting course as approved by your Probation Officer. Proof of completion to be filed with the Court no later than ______.

32. Attend a minimum of meeting(s) per week of 12 Step or other approved self-help programs and maintain a log of your attendance. Bring logs to all court, probation and treatment appointments. Obtain sponsor and work the steps.

33. You are to obtain your high school equivalency certificate or General Equivalency Diploma (G.E.D.).

34. You are to obtain a valid California Driver License.

35. You are to contact Touchstone Prenatal Project and enroll in the program no later than ______. You are to attend and complete said program and are ordered to comply with all Touchstone directives.

36. You are to reside and participate in the Salvation Army Treatment Program in Sacramento. You are to be released from the Butte County Jail on _____ no later than _____ to _____ who will transport you directly to said program. No stops will be authorized during transport. You are to comply with all directives of the program and are not to terminate participation in said program without the permission of the Court or Probation Officer.

37. The defendant is to report to the Probation Department on _____ at _____ for indoctrination and appear in Court for a review hearing on _____ at ____. As to case:_______.

38. Refrain from residing in a living environment that you know has not been approved by your probation officer as a clean and sober living environment.

39. Within 72 hours of being granted probation or your release from jail (either time served or when placed on a jail program i.e. SWAP, ESP) report to the Butte County Behavioral Health Department to be assessed pursuant to §1210 PC and comply with the recommended treatment program/class (substance abuse education, outpatient, intensive outpatient, residential) as determined by the assessment. Do not terminate participation
in said program/class without the permission of the Court, the Butte County Behavioral Health Department, and your Probation Officer.

☐ 40. Within 72 hours of being granted probation or your release from jail (either time served or when placed on a jail program i.e. SWAP, ESP) report to the _____ and cooperate in any psychiatric or psychological treatment, testing, or counseling which may be suggested or recommended by _____. You must authorize the release of any type of reports or records (written or oral) from any psychiatrist, physician, psychologist, or counselor to the Court, Probation Department, and District Attorney’s Office. Ingest all medications as recommended and prescribed by _____ and do not terminate the use of such medication, or your participation in counseling or treatment, unless approved by your Probation Officer and _____ staff.

☐ 41. The defendant SHALL NOT:

   Be a member of any gang; and SHALL NOT associate personally or in writing, nor communicate directly or indirectly, with any person known by the defendant to be associated with, or a member of, any gang; ‘any item’ indicative of a criminal street gang SHALL NOT be owned, possessed, worn, displayed, nor produced by the defendant at any time for any reason; and the defendant SHALL NOT be in any vehicle, residence, room, structure, or location where ‘any item’ indicative of a gang is present, ‘any item’ included clothing, paper, documents, compact disc, music videos, DVDs, photographs, lists, drawings, monikers, colors, numbers, indicia, or insignia in any form, computer web page sites, books, newspaper articles more than 10 days old, or any writing as defined in the California Evidence Code section 250, known by the defendant, and any law enforcement or Probation Officer, to be: commonly associated with, as indicia of, which depict images of, or contain information about, any criminal street gang; and SHALL NOT obtain new tattoos, markings, scars, or body piercing which depict any indicia or image consistent with a criminal street gang; and SHALL NOT display any hand signs of gang significance known to be such by the defendant and law enforcement or a Probation Officer; and SHALL NOT possess a knife with a blade longer than 2 inches unless it is a kitchen knife possessed in the defendant’s residence.

The defendant SHALL:

Submit to search and seizure, day or night without probable cause, without a search warrant, by law enforcement or probation, or any area over which the defendant had/has access, dominion, or control for compliance of the prohibitions listed above; and
SHALL forfeit any and all items, as described above, seized; and SHALL submit to photographs of tattoos by any law enforcement officer.

The term ‘gang’ means:

A “criminal street gang” as defined in the California Penal Code sections 186.22(e) and (f). Any violation of any of these terms subjects the defendant to additional penalties as well as revocation of probation.

“Possession” includes:

Personally possessing, access to, or control of the prohibited item(s).

By accepting probation:

If the defendant disagrees with a directive of the Probation Officer, the burden is on the defendant to return to Court to request clarification. It is the obligation of the defendant to follow the direction of the Probation Officer until any subsequent hearing on the directive.

☐ 42. Enroll in, pay for and successfully complete an AIDS Education Class, and not terminate participation in said class without the permission of the Court or your Probation Officer.

☐ 43. Pursuant to §296(a)(1) PC and/or Proposition 69, you shall be required to provide two specimens of blood, a saliva sample, right thumbprints, and a full palm print impression of each hand for law enforcement identification analysis.

☐ 44. You shall not own, use, have access to, or have under your control any knife with a blade longer than two inches, except kitchen knives, which must be kept in your residence kitchen, and knives relative to your employment, which may be used and carried only in connection with your employment.

☐ 45. Do not be employed in any capacity, either paid, or unpaid, in the planning or participation at any level, in any public or private social gathering, at which alcohol, controlled substances, or minors are involved and present. Exception: Defendant’s immediate family holiday events.

☐ 46. Do not own, possess, have control over, transport, carry, or have in your residence any type of scanner(s) or device used to intercept telephone calls or radio frequencies used by public agencies.

☐ 47. Do not, in any way, participate in fundraising projects or have employment involving direct access to money or financial accounts without the prior approval of your Probation Officer.
48. Do not knowingly enter any establishment, which includes all casinos, where gambling is the primary item of business. You are not to gamble in any way. Enroll in, pay for, and successfully complete a counseling program pertaining to gambling, which may include a 12 Step or other approved self-help program as directed, and not terminate your participation in said program without the permission of the Court or your Probation Officer.

49. Do not, except with the written permission of your Probation Officer, participate as an owner, partner, or employee in any related sales or service business.

50. Do not own, possess, have control over, transport, carry, or have in your residence at any time, any item which could reasonably be considered as a dangerous or deadly weapon pursuant to California Penal Code 12020.

51. Do not refuse a chemical test pursuant to §23612(a)(1)(A) VC

52. Pursuant to §13352 VC, your driving privilege is restricted for _____. If, and only if, allowed by the California Department of Motor Vehicles in writing, you may drive to and from work, during the course of your employment and to and from an alcohol treatment program.

53. Do not drive without a valid California Driver’s License or proof of insurance in your possession.

54. Do not drive with any measurable amount of alcohol in your blood.

55. Comply with the conditions of probation in case _____.

56. Waive any confidentiality regarding your participation in ordered program(s) so that information regarding your performance and progress of any court ordered treatment or medical program(s) can be provided to the Court, your attorney, the District Attorney, and any treatment or healthcare providers. Sign any documents necessary to waive confidentiality; it being understood, however, that by signing your name below, you are authorizing your treatment provider or program staff to release information as may be requested by the Court or the Probation Department.

57. Unless participating in a job training program, working full time earning income, are incarcerated or in court ordered residential treatment, you are to perform a job search and submit proof of at least _____ job searches each week to your probation officer or to the Court as directed.
58. Prescription Medication: Obtain all prescription medications at one pharmacy as approved and documented by the probation officer.

58a. Prescription Medication: Obtain all prescription medications at one pharmacy as approved and documented by your probation officer, or the Court.

59. Only take prescription or over the counter medication as prescribed or instructed. Notify your probation officer of the medication(s) within one business working day. You may take the following products without notifying your probation officer, provided they are taken as directed on the bottle: aspirin, acetaminophen, ibuprofen.

59a. Only take prescription or other the counter medication as prescribed or instructed. Notify your treatment provider of the medication(s) you have been prescribed or are taking, within one business working day (if you are on formal probation). You may take the following products without notifying your treatment provider, provided they are taken as directed on the bottle: aspirin, acetaminophen, ibuprofen.

60. Obtain and use a daily planner. In this daily planner you are required to maintain an accurate record of all pending court reviews, probation appointments, treatment appointments, and other counseling sessions or classes which you are required to attend as a condition of probation. You are required to bring your daily planner to all probation appointments, court ordered counseling sessions and classes, and court reviews. You are required to update your daily planner on a daily basis.

61. You are required to bring a Court approved health care provider letter to all scheduled and unscheduled doctor, dental and healthcare provider appointments (including emergency room visits and walk-in clinics). If medications are prescribed, the letter shall be signed (including a contact telephone number and name of the provider) and returned to your probation officer or treatment provider within one business working day. Proposition 36 defendants must return the letter to their treatment provider, and if on formal probation to their Probation Officer as well, within one business day.

62. You must obtain any medications for “painkillers” (opioid medications) from one physician. That physician will be designated between you and your probation officer. The doctor must be notified and agree to be the only doctor who will ever prescribe opioid medications to you. Opioid medication prescriptions will never be refilled early, nor will they be refilled if you medication is lost or stolen or destroyed in an accident.

62a: You must obtain any medications for “painkillers” (opioid medications) from one physician. That physician will be designated between you and your probation officer or the Court. The doctor must be notified and agree to be the only doctor who will ever...
prescribe opioid medications to you. Opioid medication prescriptions will never be refilled early, nor will they be refilled if your medication is lost or stolen or destroyed in an accident.

☐ 63. You are subject to the following curfew and are ordered to remain at your residence on New Year’s Eve (December 31\textsuperscript{st}), St. Patrick’s Day (March 17\textsuperscript{th}), and Halloween (October 31\textsuperscript{st}) between the hours of 8:00 p.m. and 6:00 a.m. Exception: Community support functions and/or employment, only if previously approved by your probation officer.

☐ 64. Other: _____
REQUEST FOR VICTIM SERVICES
CDCR 1707 (Rev. 04/08 Internet)

California Department of Corrections and Rehabilitation (CDCR)
Office of Victim and Survivor Rights and Services (OVSRS)
P.O. Box 942883, Sacramento, CA 94283-0001
Toll Free Number (877) 256-8877 Fax Number (916) 445-3737
http://www.cdcr.ca.gov/victim_services/index.html
DO NOT MAIL COMPLETED FORM TO A PRISON

Check one: ☐ New/Revised Request for Victim Services ☐ Change of address only (complete sections A, E, and F)

SECTION A. APPLICANT INFORMATION

Check one: ☐ Victim (direct victim of inmate) ☐ Witness ☐ Concerned Citizen
☐ Family member of victim (next of kin), indicate relationship:

Print Applicant Name: Circle Mr. Mrs. Ms. ____________________________

Home Address: ______________________________________________________
(FIRST) (MIDDLE) (LAST) (STREET) (CITY) (COUNTY) (STATE) (ZIP CODE)

Mailing Address (If Different): _________________________________________
(STREET or P.O. BOX) (CITY) (STATE) (ZIP CODE)

Telephone: ___________________ (DAYTIME) ___________________ (EVENING)
_____________________ (CELL) ___________________ (EMAIL)

NOTE: It is your responsibility to keep the OVSRS informed of any changes to your personal information.

SECTION B. NOTIFICATION OF INMATE STATUS IN PRISON

I request the following notification service(s) about the status of the inmate in prison:
☐ Notification of release, escape, or death of an inmate

☐ Notification of inmate’s criminal appeal (Note: Checking this box will allow us to share your information with the California Attorney General’s Office.)

For victims/next of kin only:
☐ Notification of parole hearing (applies only to inmates sentenced to a prison term that includes a life sentence)

May we share your contact information with the district attorney’s office where the trial was held? ☐ Yes ☐ No

SECTION C. CONDITIONS OF PAROLE FOR INMATE

NOTE: Requests for special conditions of parole are considered but not guaranteed.

I request the following conditions when the inmate is released on parole:
☐ Parolee not be allowed to contact me while he/she is on parole
☐ Parolee not be allowed to live in the same county that I live in

For victims/witnesses only:
☐ Parolee not be allowed to live within 35 miles of my home address (available only for specific types of crimes - see instructions)

NOTE: If you would like to provide additional information explaining your request, attach a separate sheet of paper.

SECTION D. RESTITUTION

☐ There is a restitution court order in the amount of $ ______________ payable to (name): ______________________

NOTE: To be determined (TBD) orders must be finalized by the county before CDCR can collect restitution.

SECTION E. INMATE IDENTIFICATION

Please provide as much of the following information about the inmate as possible:

Inmate’s Full Name (Print): __________________________________________ Date of Birth: __/__/____
(FIRST) (MIDDLE) (LAST)

CDC Number (Prison Number): __________________________ Date Sentenced to State Prison: __/__/____

Court Case Number: _____________________________________ County of Commitment: __________

SECTION F. APPLICANT SIGNATURE

Signature of Applicant: _____________________________________ Date: _______________
IDENTIFICATION & BENEFITS

In this section you will be able to locate important benefits and information of where to get identification such as, where to obtain your birth certification, how to apply for social security, medical, disability and other benefits available to you.

WHERE YOU WERE BORN IS WHERE YOU WILL APPLY FOR YOUR BIRTH CERTIFICATE

BORN IN COUNTY OF:

BUTTE

TO GET A CERTIFIED COPY OF YOUR BIRTH CERTIFICATE

THE COST IS: $10

Payment Methods: VISA, Master Card, cash, money order and personal or business checks payable to the Department of Health

Butte County Department of Health

- Butte County Recorder
  25 County Center Drive
  Oroville, CA 95965
- Phone: (530) 538-7691
  Fax: (530) 538-7975
- Hours: Monday – Friday 9am-5pm

You must provide the following information to fill out the form

- Full name at birth
- Date of Birth
- Mother’s Maiden Name
- Father’s Full Name
- Place of Birth (Hospital name if known)
Glenn County Department of Health

- Address: 240 North Villa Ave.
  Willows, CA 95988
- Phone: (530) 934-6588
  Fax: (530) 934-6363
- Hours
- You will get your Birth Certificate the same day

The information requested is the same as above

**Born in California – Outside of the above counties**

Call the California Department of Health Services: (916) 445-2684 for information

**GET A CERTIFIED COPY OF YOUR BIRTH CERTIFICATE**

**THE COST: $14**

**In-Person Request – County Recorder’s Office**
The best option is to go the Recorder’s Office in the county in which you were born.

BEFORE YOU GO – Call the California Department or County office and ask the following question: Do you need to show identification to get the birth certificate? How long does it take to get the birth certificate?

By mail request:

California Department of Health Services
Office of Vital Records – M.S. 5103
P.O. Box 997410
Sacramento, CA 95899-7410

**YOU MUST ENCLOSE THE FOLLOWING IN YOUR MAILED REQUEST:**

- Check or money order made out to California Department of Health Services for $14
- Birth Certificate Application and Sworn Notarized Statement
- Formal written (or typed) request for birth certificate – A sample can be found at the end of this section.
IMPORTANT INFORMATION WHEN YOU MAIL IN THE REQUEST

When requests for birth certificates are mailed in, you must submit a **sworn notarized statement** along with the application. You will see that this statement is attached to the standard application. A Notary is someone who is legally empowered to witness signatures and certify a document's validity.

There are many businesses that have a notary on staff.

One suggestion is the UPS Store at: ADDRESS, PHONE AND FEE

To obtain a notarized statement, you need documentation of the following: identity, age and legal presence. However, if you don’t have any personal identification, try to get a statement for your probation/parole that testifies to your name, age, birth date, address and parents’ legal names. Additionally, bring a close family member who has I.D. with you the notary. The notary may allow your family member to “verbally” identify you.

Keep in mind when you mail in a birth certificate request you will need to include the following items: The fee, application, notarized statement, written letter.

IN 60 DAYS VIA THE US POSTAL MAIL YOUR REQUEST WILL BE PROCESSED

*If you are Born Outside of California*

You will call the Recorder’s Office in the county in which you were born and inquire:

- Can a family member with identification that still lives in the county request the birth certificate? What is the application process for an in-person request?
- How much does it cost? How long does it take to receive it?
- What is the application process for a mailed in request?
Mail-In Application for Authorized Certified Copy of a Birth Record

Please review the instructions on the back before completing.

1 Birth Certificate Information:

Date of Birth: __________ City of Birth: __________

Name:

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Father’s Name:

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Mother’s Maiden Name:

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2 Applicant Information:

Name:

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Address:

Number and Street City State Zip Code

Mailing Address:

If different than above:

Number and Street City State Zip Code

Daytime Phone: __________

3 To obtain an authorized certified copy you must check the appropriate box below:

☐ The registrant or a parent or legal guardian of the registrant.

☐ A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.

☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.

☐ A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.

☐ An attorney representing the registrant or the registrant’s estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant’s estate.

4 I, _________________________, swear under penalty of perjury that I am an authorized person,

Printed Name

as defined in California Health and Safety Code Section 103525 (c), and am eligible to receive an authorized certified copy of the birth record identified on the application form.

Sworn this ______ day of __________________________, 20____, at __________________________

Signature: __________________________

5 Certificate of Acknowledgement:

State of: __________________________ County of: __________________________

On, __________________________, before me, __________________________, personally appeared __________________________

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the

within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature

on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and

official seal.

Signature: __________________________ (seal)

Office use only: Receipt #: Certificate #: Start: __________________________

Date issued and logged: __________________________ Certificate #: End: __________________________

BC MI AC doc version 4.05
IDENTIFICATION - BIRTH CERTIFICATE

SAMPLE LETTER REQUESTING BIRTH CERTIFICATE IF YOU ARE MAILING IN THE REQUEST:

Date

To Whom It May Concern:

This is a formal request to receive a CERTIFIED COPY of my birth certificate. My legal name is Leila Rose Johnson and I was born in San Francisco County in 1971.

Enclosed is my payment for $14 and the application for a birth certificate which includes the sworn notarized statement.

Please mail the birth certificate to:
Leila Johnson
850 Brighton Street
San Francisco, CA 94103

This is my permanent residence.

I can be reached at (415) 000-0000 if you have questions about any of the submitted information.

Thank you in advance for your assistance with this request.

Sincerely,

Leila Johnson
State of California – Health and Human Services Agency  
California Department of Health Services

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

DO NOT Complete This Application Before Reading the Instructions on Page 2

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies of birth certificates are issued. Certified Copies to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued Certified Informational Copies that are not valid to establish identity.

Fee: $14 per copy (payable to the Office of Vital Records).

Please indicate the type of certified copy you are requesting:

- [ ] I would like a Certified Copy. This copy will establish the identity of the registrant. (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT by selecting from the list below AND COMPLETE THE ATTACHED SWORN STATEMENT declaring that you are eligible to receive the Certified Copy. The Sworn Statement MUST BE NOTARIZED if the application is submitted by mail unless you are a law enforcement or local or state governmental agency.)

- [ ] I would like a Certified Informational Copy. This document will be printed with a legend on the face of the document that states, "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

(A Sworn Statement does not need to be provided.)

NOTE: Both documents are certified copies of the original document file with our office. With the exception of the legend, the documents contain the exact same information.

To receive a Certified Copy I am:

- [ ] The registrant (person listed on the certificate) or a parent or legal guardian of the registrant.
- [ ] A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7803 of the Family Code.
- [ ] A member of a law enforcement agency or a representative of another governmental entity, as provided by law, who is conducting official business. (Representatives of a government agency must provide authorization from the government agency.)
- [ ] A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
- [ ] An attorney representing the registrant or the registrant’s estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant’s estate. (If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)

APPICANT INFORMATION (PLEASE PRINT OR TYPE)  

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<tr>
<th>Agency Name (if appropriate)</th>
<th>Agency Case No. (if appropriate)</th>
<th>Purpose of Request</th>
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Printed Name and Signature of Applicant:  

Mailing Address – Number, Street:  

City State / Province ZIP Code  

Mailing Address for Copies, if Different From Applicant:  

City State ZIP Code

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)  

Adopted: [ ] No  [ ] Yes  (If Yes, see #4 on Page 2)

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<th>LAST Name on Certificate (Birth Name If Married)</th>
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<th>MIDDLE Name on Certificate</th>
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City of Birth (must be in California)  

Date of Birth – MM/DD/YYYY (If unknown, enter approximate date of birth)

Sex

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LAST Name on Certificate – Father/Parent  

MAIDEN Name on Certificate – Mother/Parent

FIRST Name on Certificate – Father/Parent

FIRST Name on Certificate – Mother/Parent

MIDDLE Name on Certificate – Father/Parent

MIDDLE Name on Certificate – Mother/Parent
INFORMATION: Birth records have been maintained in the Office of the State Registrar of Vital Records since July 1, 1905.

INSTRUCTIONS:

1. **As of July 1, 2003, ONLY individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Birth Record to establish identity of the registrant (person listed on the certificate).** (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, “Informational, Not a Valid Document to Establish Identity.”

   **Confidential Information on Birth Record:** Some individuals have special needs for a birth certificate that contains the confidential information provided at the time the birth record was prepared. This confidential information may be used to establish ethnicity, to provide health background, or for other personal reasons. For information on how to obtain a birth certificate containing the confidential information, please refer to the Birth Certificate section of our website: www.chs.ca.gov (then select “Services”). Only specific individuals may obtain confidential copies.

2. Complete a separate application for each birth record requested.

3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Birth Certificate Information** section, provide all the information you have available to identify the birth record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.

4. **If the registrant has been adopted,** make the request in the **adopted** name. (If you’re requesting a copy of the original birth certificate, you must provide a court order releasing the original sealed record.)

5. **SWORN STATEMENT:**
   - The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the birth record, and identify their relationship to the registrant – the relationship must be one of those identified on Page 1.
   - If the application is being submitted by mail, the Sworn Statement must be notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) Law enforcement and local and state governmental agencies are exempt from the notary requirement.
   - You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the birth record.

6. Submit $14 for each copy requested. If no birth record is found, the $14 fee will be retained for searching the record (as required by law) and a Certificate of No Public Record will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to the **Office of Vital Records.** Mail this application with the fee(s) to the Office of Vital Records at the address below.

7. **Returning Completed Certificates:** Completed certificates are returned using the U.S. Postal Service.

Office of Vital Records - MS 5/103
P.O. Box 997410
Sacramento, CA 95899 7410
(516) 445-2684
SWORN STATEMENT

I, [Applicant's Printed Name], declare under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth or death record of the following individual(s):

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<th>Name of Person Listed on Certificate</th>
<th>Applicant's Relationship to Person Listed on Certificate</th>
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(The remaining information must be completed in the presence of a Notary Public or Office of Vital Records staff.)

Subscribed to this [Day] day of [Month], 20__, at [City], [State].

[Applicant's Signature]

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

State of [State] [80]

County of [County] [80]

On [Date] before me, [Insert name and title of officer here] personally appeared [Name of person whose signature is being acknowledged] personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

[Notary Seal]

[Notary Signature]

[Notary Seal]

[Notary Signature]
SOCIAL SECURITY ADMINISTRATION
Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:
• Apply for an original Social Security card
• Apply for a replacement Social Security card
• Change or correct information on your Social Security number record

IMPORTANT: You MUST provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at www.socialsecurity.gov.

Original Social Security Card
To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents. NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card
To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record
To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.
LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS
Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS
If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

EVIDENCE DOCUMENTS
The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

Evidence of Age
In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:
- U.S. Hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original Birth certificate)

Evidence of Identity
You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) and/or physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children. As proof of your identity, you must provide a:
- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport
If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card or other school record maintained by the school. If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

**Evidence of U.S. Citizenship**
In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

**Evidence of Immigration Status**
You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, I-688B, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

**IMPORTANT**: If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.
HOW TO COMPLETE THIS APPLICATION

Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded the form using only 8 ½” x 11” (or A4 8.25” x 11.7”) paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, “1998” for year of birth.

5. If you check “Legal Alien Not Allowed to Work” or “Other,” you must provide a document from a U.S.

6. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit.

NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.

7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.

9.B., 10.B. If you are applying for an original Social Security Card for a child under age 18, you MUST show the mother’s and father’s Social Security numbers unless the mother and/or father was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the “unknown” box.

13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.

16. Show an address where you can receive your card 7 to 14 days from now.

17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in
the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

**HOW TO SUBMIT THIS APPLICATION**

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to https://secure.ssa.gov/apps6z/FOLO/fo001.jsp to find the Social Security office or Social Security Card Center that serves your area.

**PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD**

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

**PRIVACY ACT STATEMENT**

**Collection and Use of Personal Information**

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card. The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card. We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.
Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications).

The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office. This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**
SOCIAL SECURITY ADMINISTRATION
Application for a Social Security Card

<table>
<thead>
<tr>
<th>1</th>
<th>NAME</th>
<th>First</th>
<th>Full Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Social Security number previously assigned to the person listed in item 1</td>
<td>—</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>PLACE OF BIRTH</td>
<td>Office Use Only</td>
<td>State or Foreign Country</td>
<td>FCI</td>
</tr>
<tr>
<td>4</td>
<td>DATE OF BIRTH</td>
<td>MM/DD/YYYY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>CITIZENSHIP</td>
<td>U.S. Citizen</td>
<td>Legal Alien Allowed To Work</td>
<td>Legal Alien Not Allowed To Work (See Instructions On Page 3)</td>
</tr>
<tr>
<td>6</td>
<td>ETHNICITY</td>
<td>Native Hawaiian</td>
<td>American Indian</td>
<td>Other Pacific Islander</td>
</tr>
<tr>
<td>7</td>
<td>RACE</td>
<td>Alaska Native</td>
<td>Black/African American</td>
<td>White</td>
</tr>
<tr>
<td>8</td>
<td>SEX</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>A. MOTHER'S NAME AT HER BIRTH</td>
<td>First</td>
<td>Full Middle Name</td>
<td>Last Name At Her Birth</td>
</tr>
<tr>
<td>10</td>
<td>B. FATHER'S NAME</td>
<td>First</td>
<td>Full Middle Name</td>
<td>Last</td>
</tr>
<tr>
<td>11</td>
<td>Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before?</td>
<td>Yes (If &quot;yes&quot; answer questions 12-13)</td>
<td>No</td>
<td>Don't Know (If &quot;don't know,&quot; skip to question 14.)</td>
</tr>
<tr>
<td>12</td>
<td>Name shown on the most recent Social Security card issued for the person listed in item 1</td>
<td>First</td>
<td>Full Middle Name</td>
<td>Last Name</td>
</tr>
<tr>
<td>13</td>
<td>Enter any different date of birth if used on an earlier application for a card</td>
<td>MM/DD/YYYY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>TODAY'S DATE</td>
<td>MM/DD/YYYY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>DAYTIME PHONE NUMBER</td>
<td>Area Code</td>
<td>Number</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>MAILING ADDRESS</td>
<td>Street Address, Apt. No., PO Box, Rural Route No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>YOUR SIGNATURE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</td>
<td>Self</td>
<td>Natural Or Adoptive Parent</td>
<td>Legal Guardian</td>
</tr>
</tbody>
</table>

ADMINISTRACIÓN DEL SEGURO SOCIAL
Solicitud para una tarjeta de Seguro Social

¡Solicitar una tarjeta de Seguro Social es gratis!

USE ESTA SOLICITUD PARA SOLICITAR:
- Una tarjeta de Seguro Social original
- Una tarjeta de Seguro Social de reemplazo
- Un cambio de información en su registro

IMPORTANTE: Usted TIENE que proveer la evidencia requerida antes que podamos procesar la solicitud. Siga las instrucciones a continuación para proveer la información y la evidencia que necesitamos.

PASO 1 Lea las instrucciones que se encuentran en esta solicitud. Éstas contienen información importante acerca de los documentos que pueden presentarse como evidencia, y cómo completar y presentar la solicitud.

PASO 2 Complete y firme la solicitud con tinta AZUL o NEGRA. No use un lápiz ni tinta de otros colores. Por favor, escriba claramente. Si usted imprime esta solicitud de nuestro sitio de Internet, debe imprimirlo en un papel blanco de 8 ½" x 11" (si usted vive en el extranjero y no puede conseguir papel de 8 ½" x 11", la única alternativa aceptable es papel de tamaño A4 [8.25" x 11.7"]').

PASO 3 Presente la solicitud completada y firmada con toda la evidencia requerida a cualquier oficina de Seguro Social.

CÓMO SOLICITAR ESTA SOLICITUD
En la mayoría de los casos, usted puede llevar la solicitud o enviarla por correo junto con sus documentos de evidencia a cualquier oficina de Seguro Social. Sin embargo, si vive en un área en la que un Centro de Tarjetas de Seguro Social provee servicios, es posible que tenga que visitar el Centro de Tarjetas de Seguro Social en persona para todos los trámites relacionados con su número de Seguro Social. Le regresaremos sus documentos.

IMPORTANTE: Si usted tiene 12 años de edad o más y nunca se le ha asignado un número de Seguro Social, TIENE que solicitar en persona.

Si tiene alguna pregunta sobre esta solicitud, o sobre los documentos de evidencia que necesitamos, favor de visitar nuestro sitio de Internet en www.segurosocial.gov/espanol. Esto le ayudará a asegurarse que tenga todo lo que necesita para solicitar una tarjeta o cambiar la información en su registro. También puede llamar al Seguro Social al 1-800-772-1213 o comunicarse con su oficina local. Usted puede encontrar su oficina más cercana o el Centro de Tarjetas de Seguro Social en su directorio telefónico o en nuestro sitio de Internet.

PROTEJA SU TARJETA Y NÚMERO DE SEGURO SOCIAL
Proteja su tarjeta y número de Seguro Social contra pérdida y el robo de identidad. NO lleve la tarjeta consigo. Manténgala en un sitio seguro y solamente llévala con usted cuando necesite mostrarla, por ejemplo, para obtener un nuevo empleo, abrir una cuenta bancaria o para obtener beneficios de ciertas agencias de los Estados Unidos. NO permita que otros usen su número de Seguro Social como si fuera de ellos.

SOBRE SUS DOCUMENTOS DE EVIDENCIA
Usted debe proveer los documentos requeridos en base al tipo de su pedido. Hay situaciones en que debemos verificar un documento con la agencia que lo emitió. Si sus documentos no cumplen con estos requisitos, no podemos procesar su solicitud.
- Necesitamos documentos ORIGINALES o copias certificadas por el conservador del registro. Sus documentos serán devueltos después que los hayamos visto.
- No podemos aceptar fotocopias o copias notariadas de los documentos.
- Vea DOCUMENTOS DE EVIDENCIA QUE NECESITAMOS VER en la página 3.

TARJETA ORIGINAL: Para solicitar una tarjeta original, usted tendrá que proveer por lo menos dos documentos que confirmen su edad, identidad y ciudadanía estadounidense o estado inmigratorio legal vigente con autorización para trabajar. Si usted no es un ciudadano estadounidense, o no tiene estado inmigratorio legal vigente con autorización para trabajar, TIENE que probar que usted tiene una razón válida, que no sea de trabajo, para solicitar una tarjeta. (Vea CÓMO LLENAR ESTA SOLICITUD, página 2, artículo 3.)
TARJETA DE REEMPLAZO: Para solicitar una tarjeta de reemplazo, usted debe comprobar su identidad. (Vea IDENTIDAD, página 3). Si nació fuera de los Estados Unidos, también tendrá que probar su ciudadanía estadounidense o estado inmigratorio legal vigente con autorización para trabajar.

CAMBIO DE INFORMACIÓN: Si usted necesita corregir la información en su tarjeta de Seguro Social o la información que aparece en nuestros registros (p.ej., un cambio de nombre o corregir su fecha de nacimiento), necesitará probar su identidad y proveer documentación que apoye el cambio y establezca la razón para el cambio (p.ej., un certificado de nacimiento para mostrar su fecha corregida o lugar de nacimiento). Un documento de cambio de nombre (p.ej., documento de matrimonio) debe identificar a usted por su nombre anterior y su nombre nuevo. Si éste no tiene suficiente información de identificación (Vea IDENTIDAD, página 3), pediremos un documento de identidad con su nombre anterior y otro con su nuevo nombre legal, además del documento del cambio de nombre. Si usted nació fuera de los EE.UU., también tiene que comprobar su ciudadanía estadounidense o estado inmigratorio legal vigente con autorización para trabajar.

LÍMITES PARA TARJETAS DE NÚMERO DE SEGURO SOCIAL DE REEMPLAZO
La Ley Pública 108-458 impone límites en el número de tarjetas de Seguro Social de reemplazo que usted puede recibir. Tres al año y 10 a lo largo de su vida. Al determinar estos límites, el Seguro Social no contará cambios de nombre legal (p.ej., nombre o apellido), o cambios a una leyenda restringente mostrada en la tarjeta de Seguro Social (p.ej., Válido para trabajo con autorización del Departamento de Seguridad Nacional [DHS, sus siglas en inglés] o No válido para empleo). Además, podemos conceder excepciones en base al caso pertinente si usted provee evidencia que establece la necesidad de una tarjeta de Seguro Social más allá de estos límites (p.ej., una carta de una agencia de servicios sociales indicando que usted tiene que mostrar la tarjeta del número de Seguro Social para poder recibir beneficios).

COMO LLENNAR ESTA SOLICITUD
La mayoría de las preguntas en la solicitud son fáciles de entender. Esas que requieren explicación se discuten a continuación. Los números corresponden a las preguntas en el formulario. Si está llenando este formulario para otra persona, conteste las preguntas según se aplican a esa persona.

1. Indique la dirección donde puede recibir la tarjeta dentro de 10 a 14 días a partir de hoy.
2. Si marca "Extranjero legal sin permiso para trabajar", debe incluir un documento de una agencia del gobierno federal, estatal o local de los EE.UU. que explica por qué necesita un número de Seguro Social y que usted reúne todos los requisitos para el beneficio del gobierno de los EE.UU. NOTA: No todos los beneficios estatales o locales de los EE.UU. son aceptables para propósito de recibir un número de Seguro Social por razones que no sean de trabajo. Comuníquese con el Seguro Social para verificar si su razón califica.

Si marca "Otro", necesita proveer un documento de la agencia gubernamental de los EE.UU. que explique por qué necesita un número de Seguro Social y que usted reúne todos los requisitos para el beneficio federal, excepto por el número.

5. El proveer información acerca de su raza u origen étnico es voluntario. Sin embargo, si nos provee esta información nos ayudará a preparar informes estadísticos acerca de cómo los programas de Seguro Social afectan al público. No revelamos las identidades de las personas en estos informes.

6. Anote el mes, día y el año completo (4 dígitos) para el año de nacimiento, por ejemplo "1998".

8.B. Usted tiene que indicar el número de Seguro Social de la madre solamente si solicita una tarjeta original para una persona menor de 18 años de edad. Sin embargo, este encasillado se puede dejar en blanco si la madre no tiene un número de Seguro Social, o si no sabe el número de Seguro Social de la madre y no puede obtenerlo. Todavía podremos asignar un número a la persona menor de 18 años.

9.B. Usted tiene que indicar el número de Seguro Social del padre solamente si solicita una tarjeta original para una persona menor de 18 años de edad. Sin embargo, este encasillado se puede dejar en blanco si el padre no tiene un número de Seguro Social, o si no sabe el número de Seguro Social del padre y no puede obtenerlo. Todavía podremos asignar un número a la persona menor de 18 años.

13. Si la fecha de nacimiento que usted indica en el encasillado número 6 es diferente a la que usó anteriormente en una solicitud para una tarjeta de Seguro Social, indique la fecha que usó en esa solicitud anterior y presente prueba de edad que confirme la fecha de nacimiento que aparece en el encasillado número 6.

16. Usted tiene que firmar la solicitud si tiene 18 años de edad o más. Si es menor de 18 años, usted o uno de sus padres o guardián legal puede firmar la solicitud. Si no tiene la capacidad mental o física para firmar la solicitud, generalmente un padre, pariente cercano o guardián legal puede firmarla. Si no puede firmar su nombre, debe firmar con una "X" y pedir a dos personas que firmen como testigos en los espacios indicados. Por favor, no altere su firma incluyendo algún tipo de información adicional en el encasillado de la firma, ya que esto puede anular su solicitud. Láminos si necesita más detalles sobre quién puede firmar. (Vea la nota "IMPORTANTE" bajo evidencia de IDENTIDAD en la página 3.)
DOCUMENTOS DE EVIDENCIA QUE NECESITAMOS VER

Las siguientes listas no incluyen todos los documentos. Sin embargo, éstas proveen ejemplos de los tipos de documentos que necesitamos ver. Todos los documentos deben cumplir con los criterios que aparecen bajo “SOBRE SUS DOCUMENTOS DE EVIDENCIA” en la página 1 para que se puedan tomar en consideración. Si usted tiene alguna pregunta o necesita hablar acerca de algún documento adicional, vea “Si tiene alguna pregunta” que también se encuentra en la página 1. Algunos documentos que podemos aceptar son:

**EDAD:** Por lo general, tenemos que ver su certificado de nacimiento. En algunas situaciones, podemos aceptar otro documento que muestre su edad. Algunos de los otros documentos que podemos aceptar son:
- Registro de su nacimiento en un hospital de los EE.UU., (creado al tiempo de su nacimiento)
- Un documento religioso que muestra su edad o fecha de nacimiento, establecido antes que cumpliera cinco años de edad
- Su pasaporte
- Decreto final de adopción (el decreto de adopción tiene que indicar que los datos de la fecha de nacimiento fueron obtenidos del certificado de nacimiento original).

Líñamostos para pedir ayuda si no puede obtener uno de estos documentos.

**IDENTIDAD:** Tenemos que ver evidencia de identidad con su nombre legal. Su nombre legal aparece en la tarjeta de Seguro Social. Por lo general, preferimos ver documentos emitidos en los Estados Unidos. Los documentos que usted presente para establecer su identidad deben contener su nombre legal y proveer información biográfica (su fecha de nacimiento, edad o nombres de sus padres) y/o información física (una fotografía o descripción física - estatura, color de ojos y pelo, etc.). Además, si usted envía un documento de identidad que contiene una fotografía pero usted no se presenta en persona, el documento debe demostrar su información biográfica (p.ej., su fecha de nacimiento, edad, o nombres de sus padres). Para proteger su tarjeta y número de Seguro Social, los documentos de identidad deben haber sido emitidos recientemente.

**TEÑEMOS QUE VER SU:**
- Licencia de conducir de los EE.UU.; o
- Tarjeta de identificación estatal de los EE.UU.; o
- Pasaporte de los EE.UU.

Si usted no tiene alguno de estos documentos, o no puede obtener un reemplazo dentro de 10 días, es posible que podamos aceptar otros documentos tales como una tarjeta de identificación militar, Certificado de Naturalización, o tarjeta de identificación de empleado. Para los niños jóvenes, podemos aceptar registros médicos (de un hospital, una clínica o un doctor) siempre y cuando estos registros los mantenga la entidad que los emite. También, es posible que podamos aceptar un decreto final de adopción, o tarjeta de identificación escolar o registro escolar mantenido por la escuela.

Si usted no es un ciudadano de los EE.UU., tenemos que ver su documento de inmigración de los EE.UU. y su pasaporte extranjero con información biográfica o fotografía.

**NO PODEMOS ACEPTAR UN CERTIFICADO DE NACIMIENTO, UN SOUVENIR DEL CERTIFICADO DE NACIMIENTO DEL HOSPITAL, TARIJETA O TALONARIO DE LA TARJETA DE SEGURO SOCIAL O UN REGISTRO DE SEGURO SOCIAL como evidencia de identidad.**

**IMPORTANTE:** Si está solicitando una tarjeta a nombre de otra persona, usted tiene que someter evidencia que establezca su autoridad para firmar la solicitud a nombre de la persona a la que se emitirá la tarjeta (por ejemplo, un registro de nacimiento de un niño menor, establece la autoridad de un padre o madre para firmar a nombre de un niño). Además, tenemos que ver pruebas de identidad de ambos, suya y de la persona a quien se le emitirá la tarjeta.

**CIUDADANÍA ESTADOUNIDENSE:** Por lo general, podemos aceptar su certificado de nacimiento de los EE.UU. o un pasaporte de los EE.UU. Otros documentos que podemos aceptar son un Informe de Nacimiento del Consulado, un Certificado de Ciudadanía, o un Certificado de Naturalización.

**ESTADO INMIGRATORIO:** Tenemos que ver un documento vigente que se le haya emitido por el Departamento de Seguridad Nacional (DHS, sus siglas en inglés) indicando su estado inmigratorio como el formulario I-551, I-94, I-888B, o el I-766. NO PODEMOS aceptar un recibo indicando que solicitó el documento. Si usted no está autorizado a trabajar en los Estados Unidos, podemos darle una tarjeta de Seguro Social solamente si necesita el número para una razón válida que no sea de trabajo. (Veá COMO LLEVAR ESTA SOLICITUD, página 2, artículo 3.) Su tarjeta será anotada para mostrar que no puede trabajar. Si usted trabaja, notifíquemos al Departamento de Seguridad Nacional.
LA LEY PARA LA REDUCCIÓN DE DOCUMENTOS DE TRABAJO/CONFIDENCIALIDAD Y SU SOLICITUD

La Ley de Confidencialidad de 1974 requiere que le demos a cada persona el siguiente aviso cuando solicita un número de Seguro Social.

Las secciones 205 (c) y 702 de la Ley del Seguro Social nos permite recopilar la información que le pedimos en este formulario.

Usamos la información que nos provea en este formulario para asignarle un número y emitir una tarjeta de Seguro Social. Usted no tiene que darnos esta información, sin embargo, sin ella no podemos darle un número de Seguro Social o una tarjeta. Sin un número, es posible que no consiga trabajo y que pierda beneficios de Seguro Social en el futuro.

El Servicio de Impuestos Internos (IRS, sus siglas en inglés) también usa el número de Seguro Social para propósitos de administración de impuestos, como un identificador al procesar las declaraciones de impuestos de personas que tienen ingresos que se informan al Servicio de Impuestos Internos y por personas que son reclamadas como dependientes en la declaración de impuestos federales de otra persona.

Podemos revelar la información según sea necesario para administrar los programas de Seguro Social, incluyendo a las agencias apropiadas que ejecutan la ley para la investigación de alegadas violaciones de la Ley del Seguro Social; a otras agencias gubernamentales para administrar programas de beneficios, salud y bienestar social tales como Medicaid, Medicare, beneficios de veteranos, pensiones militares, anualidades de servicio civil, beneficios de enfermedad pulmonar minera, viviendas, préstamos de estudiantes, beneficios de retiro ferroviarios, y cupones de alimentación; al Servicio de Impuestos Internos para la administración de impuestos federales; y a los empleadores actuales o anteriores para la preparación correcta de informes de salarios. Además, también podemos revelar información según lo requiere la ley federal, por ejemplo, al Departamento de Seguridad Nacional para identificar y localizar a extranjeros en los Estados Unidos; al Sistema de Servicio Selectivo para la inscripción de reclutas militares; y al Departamento de Salud y Servicios Humanos con el propósito de imponer pagos de manutención para niños. Podemos verificar números de Seguro Social para las agencias estatales de vehículos de motor que usan los números para asignar licencias de conducir, según autorizada por la Ley del Seguro Social. Finalmente, podemos revelar información a su representante en el Congreso, si nos lo pide para contestar preguntas que usted le hace.

Podemos usar la información que usted nos da cuando comparamos registros por computadora. Los programas de comparación cotejan nuestros registros con los de otras agencias gubernamentales federales, estatales o locales para determinar si una persona tiene derecho a los beneficios que paga el gobierno federal. La ley nos permite hacer esto, aunque usted no esté de acuerdo.

Explicaciones sobre éstas y otras razones por las cuales la información que usted nos provee puede ser usada o revelada están disponibles en las oficinas del Seguro Social. Si usted desea saber más acerca de esto, comuníquese con cualquier oficina del Seguro Social.

Esta recopilación de información cumple con los requisitos de 44 U.S.C. §3507, según enmendada por la Sección 2 de la Ley para la Reducción de Documentos de Trabajo de 1995. No es requisito que usted conteste estas preguntas a menos que mostremos un número de control válido de la oficina de Administración y Presupuesto. Calculamos que le tomará de 8.5 a 9.5 minutos leer las instrucciones, revisar los datos y llenar el formulario. Puede enviar sus comentarios sobre el cálculo de tiempo que le toma completar el formulario a: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Sólo envíe comentarios sobre nuestro cálculo de tiempo a esta dirección, no el formulario completado.

LLEVE O ENVÍE POR CORREO EL FORMULARIO COMPLETADO A SU OFICINA LOCAL DEL SEGURO SOCIAL. La oficina está listada bajo agencias del gobierno de los EE.UU. en su directorio telefónico o puede llamar al Seguro Social al 1-800-772-1213. Usted también puede localizar la oficina de Seguro Social más cercana a través del Internet en http://www.segurosocial.gov.
<table>
<thead>
<tr>
<th>NOMBRE</th>
<th>Segundo nombre</th>
<th>Apellido</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nombre</td>
<td>Segundo nombre</td>
<td>Apellido</td>
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<tr>
<th>NOMBRE COMPLETO AL NACER</th>
<th>Calle, número de apartamento, apartado postal o ruta rural</th>
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<tbody>
<tr>
<td>Nombre</td>
<td>Segundo nombre</td>
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<thead>
<tr>
<th>DIRECCIÓN POSTAL</th>
<th>Ciudad</th>
<th>Estado</th>
<th>Zona Postal</th>
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</table>

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<thead>
<tr>
<th>CIUDADANÍA</th>
<th>Ciudadano de los EE.UU.</th>
<th>Extranjero admitido legalmente con permiso para trabajar</th>
<th>Extranjero legal sin permiso para trabajar (Vea las instrucciones en la página 2)</th>
<th>Otro (Vea las instrucciones en la página 2)</th>
</tr>
</thead>
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<tr>
<th>SEXO</th>
<th>Masculino</th>
<th>Femenino</th>
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<tr>
<th>RAZA/ORIGEN</th>
<th>Asático</th>
<th>Asático americano o de las islas del Pacífico</th>
<th>Ibérico</th>
<th>Norteamericano o nativo de Alaska</th>
<th>Blanco (No Hispano)</th>
</tr>
</thead>
</table>

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<tr>
<th>FECHA DE NACIMIENTO</th>
<th>LUGAR DE NACIMIENTO</th>
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<tr>
<th>A. NOMBRE DE SOLTERA DE LA MADRE</th>
<th>Segundo nombre</th>
<th>Apellido al nacer</th>
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</thead>
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<table>
<thead>
<tr>
<th>A. NOMBRE DEL PADRE</th>
<th>Segundo nombre</th>
<th>Apellido</th>
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<thead>
<tr>
<th>B. NÚMERO DE SEGURO SOCIAL DE LA MADRE</th>
<th>Segundo nombre</th>
<th>Apellido</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>B. NÚMERO DE SEGURO SOCIAL DEL PADRE</th>
<th>Segundo nombre</th>
<th>Apellido</th>
</tr>
</thead>
</table>

¿Ha solicitado o recibido alguna vez el solicitante o alguna otra persona a nombre del solicitante, una tarjeta de Seguro Social?
- Sí (si la respuesta es "Sí", conteste las preguntas del 11 al 13.)
- No (Si la respuesta es "No", continúe a la pregunta 14.)
- No sé (Si no lo sabe, continúe a la pregunta 14.)

Escriba el número de Seguro Social previamente asignado a la persona nombrada en la pregunta 1.

Escriba el nombre que aparece en la tarjeta de Seguro Social más reciente emitida a la persona nombrada en la pregunta 1.

Escriba cualquier fecha de nacimiento diferente previamente usada en una solicitud para la tarjeta.

FECHA DE HOY

NÚMERO DE TELÉFONO

SU FIRMA

NO ESCRIBA DEBAJO DE ESTA LÍNEA (PARA USO DEL SEGURO SOCIAL SOLAMENTE)

<table>
<thead>
<tr>
<th>NPN</th>
<th>DOC</th>
<th>NTI</th>
<th>CAN</th>
<th>ITV</th>
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</thead>
</table>

| PBC | EVI | EVA | EVC | PRA | NWR | DNR | UNIT |

EVIDENCE SUBMITTED

SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW

DATE

DCL

DATE
## Social Security Online Services

### www.socialsecurity.gov

<table>
<thead>
<tr>
<th>Apply for benefits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply for Social Security retirement/spouse’s Benefits</td>
<td><a href="http://www.socialsecurity.gov/applyforbenefits">www.socialsecurity.gov/applyforbenefits</a></td>
</tr>
<tr>
<td>Apply for Social Security disability benefits</td>
<td><a href="http://www.socialsecurity.gov/applyfordisability">www.socialsecurity.gov/applyfordisability</a></td>
</tr>
<tr>
<td>Apply for extra help with your Medicare prescription drug costs</td>
<td><a href="http://www.socialsecurity.gov/i1020">www.socialsecurity.gov/i1020</a></td>
</tr>
<tr>
<td>Check the status of your online application</td>
<td><a href="http://www.socialsecurity.gov/applyforbenefits">www.socialsecurity.gov/applyforbenefits</a></td>
</tr>
</tbody>
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<thead>
<tr>
<th>See if you qualify for benefits</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Find out what benefits you can apply for</td>
<td><a href="http://www.socialsecurity.gov/best">www.socialsecurity.gov/best</a></td>
</tr>
<tr>
<td>Find out what benefits you can apply for</td>
<td><a href="http://www.socialsecurity.gov/i1020">www.socialsecurity.gov/i1020</a></td>
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<tr>
<th>Estimate your future benefits</th>
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<tbody>
<tr>
<td>Get a personalized retirement benefit estimate</td>
<td><a href="http://www.socialsecurity.gov/estimator">www.socialsecurity.gov/estimator</a></td>
</tr>
<tr>
<td>Use our benefit planners to calculate your retirement, disability and survivors benefits</td>
<td><a href="http://www.socialsecurity.gov/planners">www.socialsecurity.gov/planners</a></td>
</tr>
<tr>
<td>Request a <em>Social Security Statement</em></td>
<td><a href="http://www.socialsecurity.gov/statement">www.socialsecurity.gov/statement</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you get benefits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Change your address or telephone number</td>
<td><a href="http://www.socialsecurity.gov/coa">www.socialsecurity.gov/coa</a></td>
</tr>
<tr>
<td>Get a replacement Medicare card</td>
<td><a href="http://www.socialsecurity.gov/medicarecard">www.socialsecurity.gov/medicarecard</a></td>
</tr>
<tr>
<td>Request Proof of Income Letter</td>
<td><a href="http://www.socialsecurity.gov/beve">www.socialsecurity.gov/beve</a></td>
</tr>
<tr>
<td>Get a Form 1099/1042S - <em>Social Security Benefits Statement</em></td>
<td><a href="http://www.socialsecurity.gov/1099">www.socialsecurity.gov/1099</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you have a password</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Change your information and benefits</td>
<td><a href="http://www.socialsecurity.gov/pcyb">www.socialsecurity.gov/pcyb</a></td>
</tr>
<tr>
<td>Start or change direct deposit</td>
<td><a href="http://www.socialsecurity.gov/pdd">www.socialsecurity.gov/pdd</a></td>
</tr>
</tbody>
</table>
SOCIAL SECURITY ADMINISTRATIVE BENEFITS

The Social Security Administration (SSA) is a federal agency that administers Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), along with other programs. Benefits may be available to adults & children (if child’s disability started before age 22).

**SSI or SSI/SSP** provides monthly payments to aged, blind and disabled people who have little or no resources and income. Applicants need not have worked or paid Social Security taxes to be eligible.

**Social Security Disability Insurance (SSDI) or SSA** provides benefits to aged, blind and disabled people who have worked a certain number of years and paid Social Security taxes. The income limitations that apply to SSI/SSP do not apply to SSA.

To get more information on eligibility requirements on these programs contact Social Security Monday-Friday from 7:00am-7:00pm at 1-800-772-1213. You can also visit your local Social Security District Office Monday-Friday from 9:00am-4:30pm. Here is a list of nearby locations:

- **Chico District Office**
  2035 Forest Ave
  Chico, CA.
  530-345-5199

- **Redding District Office**
  2195 LARKSPUR LANE
  REDDING, CA 96002
  866-964-1236

- **Yuba City District Office**
  355 PERCY AVE
  YUBA CITY, CA 95991-5442
  866-331-5449

It is best to seek out assistance from one of the service providers listed in this Guide, or contact the Legal Aid Society 530-896-1797 or the **Butte County Bar Association** 530-345-1940.
Department of Motor Vehicles

MAKE AN APPOINTMENT ONLINE FOR THE DMV FOR LICENSE, REGISTRATION & MORE:

Simply follow these steps

1. Go to http://www.dmv.ca.gov/
2. Click on the tab that says “online services”
3. Choose the “Schedule Appointment Online” option.
4. Now click on “office visit appointment”
5. Next, click “Map CA DMV Offices” bar. Then click the county to make an appointment.
6. Then choose the items you need to address. Click 1, 2 or 3 items depending on how many issues you need to address.
7. Click the first box to obtain your California Drivers License or State Issue I.D. and print out your driving record.
8. Scroll down the page and enter your personal information to include your name and phone number.
9. 
10. Finally, click submit.
11. The time and date of your appointment will then appear on the screen.

For more information and office hours on the Chico DMV or other offices call 800-777-0133 or go online to http://www.dmv.ca.gov/gov and click the tab that says “offices.” Then follow the prompts to get local office locations and schedules.

TO OBTAIN A DRIVERS LICENSE OR ID YOU MUST:

Have Proof of Birth date & Legal Presence
- Birth certificate or Passport
- Naturalization or Certificate of Citizenship
- Certification from California department of Corrections
- Valid I-94 stamped “Refugee,” “Parole or Parolee,” “Asylee,” or Section 207, Section 208, Section 209, Section 212d(2), HP or PIP

Social Security Card Verification
- A Social Security Card is needed if you applying for CDL for the first time.
- For duplicates, you just need to verify the number they have in the system.
- A Medicare or U.S. Armed Forces Identification Card is also acceptable.
- To ensure a smooth DMV visit, prepare to bring your Social Security or other acceptable card.
Your Right to Vote

Generally, anyone is eligible to vote in the United States if the person is a US Citizen, a resident of the particular County in which an election is being held, and at least 18 years old at the time of the next election.

In California, if you are in State Prison or on Parole you cannot vote.

If you are currently incarcerated in County Jail, unless you are on Parole, you can still vote. Being in County Jail or on Probation does not in itself affect your right to vote.

If you have a misdemeanor conviction, you can still vote. Misdemeanor convictions do not affect the right to vote.

If you have a felony conviction and you are still in prison or are still on parole, you still have the right to vote.

To register to vote, complete a registration form by calling the Chico Department of Elections at (530)555-1212. You should re-register to vote any time you have made a change to your permanent address, you legal name, your political party, have completed a felony parole sentence and are no longer on parole, or have completed parole. Registration forms are also available at any DMV office, Post Office, or Public Library.
Legal

If you need low cost or free legal assistance the following resources may be of help.

Butte County Bar Association

MISSION STATEMENT

The mission of the Butte County Bar Association is to advance the role of law and legal process in Butte County California by:

- Advocating efficient court administration and access to legal services for all;
- Supporting legal education and the resolution of conflicts;
- Expanding knowledge of law practice management, economics, and ethics;
- Encouraging a positive image of the profession; and
- Promoting empathy and understanding among the courts, the attorneys, and the communities they serve.

MAILING ADDRESS:  P.O. Box 3927, Chico, CA 95927

PHONE: (530) 345-1940 / Fax (530) 891-4084

E-MAIL buttecobar@sunset.net

POPULATION SERVED: all

RESTRICTIONS: none
How to Deal With Child Support

SOLUTIONS FROM THE DEPARTMENT OF CHILD SUPPORT SERVICES

If for any reason you are not completely satisfied with the assistance you are receiving from your local child support agency it is your right to file a formal complaint through the Complaint Resolution Program. The person who has/had custody and/or the non-custodial parent may file a formal complaint if there is a case open with the Department of Child Support Services.

Butte County office hours are 7:00 a.m. to 7:00 p.m., Monday through Thursday
Butte County Department of Child Support Services
1474 Myers Street
Oroville, CA 95965
Phone (866) 901-3212
Fax (530) 538-6500

Complaints that can be solved:

- To open or close a case
- Efforts to modify child support amount
- Enforcement and legal efforts
- Collection, distribution and past-due payments
- Failure to establish a court order for child support

Complaints that cannot be solved:

- Civil rights violations
- Services provided by the Court
- Contacting Family Law Facilitator, advocate or lawyer
- Court-ordered amount to pay for child support or past due payments
- Custody, visitation, or spousal support; or determination of parental relationship

HOW TO FILE A COMPLAINT

Resolve your complaint by phone or by person. You can also get a “Request for Complaint Resolution” form from your local child support agency or the California Department of Child Support Services website, www.childsup.ca.gov. You must either submit the complaint form to your local child support agency via mail or in person. The complaint must be filed within 90 days of the date you knew about the subject of your complaint.
HOW WILL MY COMPLAINT GET RESOLVED?

The complaint investigator of your local child support agency will contact you soon after he/she receives your complaint. The local child support agency is required to provide a resolution in writing within 30 days. Then the local child support agency will send you a written Notice of Complaint Resolution which will include information about your right to a state hearing in case you are not satisfied with the response to your complaint. If you need additional help ask to speak with the local child support agency Ombudsperson. The Ombudsperson can assist you in requesting and preparing for a state hearing if you are not satisfied with the results of the complaint resolution process.

THE STATE HEARING PROGRAM

If you are not satisfied with the local child support agency’s response or decision about your complaint you have the right to have your complaint issues heard at a state hearing.

- Disputes that cannot be heard at a state hearing:
- Court-ordered child support amounts
- Child custody or visitation
- Contempt proceedings
- Discourteous treatment by employee of local child support agency

Requesting a state hearing

- Speak to the Ombudsperson, or request a form:
  - Local Child Support Agency
  - The California Department of Child Support Services website, www.childsup.ca.gov;
  - State Hearing Office 866-289-4714
  - By mail: California Department of Social Services, State Hearing Office, 744 P Street MS 19-98, Sacramento, CA 95814

PREPARE FOR THE STATE HEARING

- Request the Ombudsperson help prepare your documents and your case
- Write a statement of the facts of your case
- Bring copies of information to include statements and notices that support your case
- Prepare a list of witnesses and people that will speak on your behalf at the hearing

The State Hearing Office will be held within 45 days upon receipt of your request for a hearing. You will be notified of the date, time and location of the hearing. If you are unable to attend you may request a new hearing date or for the hearing to be held by phone. Translation services and reasonable disability assistance are available free of charge if needed. Department of Child Support Services 866-249-0773 or www.childsup.ca.gov
Community Legal Information Center (CLIC)

GOAL OR MISSION STATEMENT: “Making Legal Information Accessible to the Community”

LOCATION OR MAILING ADDRESS: 25 Main Street, Chico CA 95929
HOURS: Mon-Thur. 9-5pm  Mon-Fri 10-5pm
CONTACT PERSON: General
PHONE: 530 898-4354
E-MAIL: CLIC@csuchico.edu

POPULATION SERVED: Community
REstrictions: N/A
REFERRAL/DROP-INS: Walk-in & Appointment

DOCUMENTATION NEEDED PRIOR TO ENTRY: Bring in any documents that relate to the issue you inquiring about such as, Family Law, Penal Law, Employee Rights and/or other question you may have.

ACCESSIBILITY: Wheel Chair
FAITH BASED: N/A
COST: Free

DIRECT SERVICES: CLIC provides information only. If a person has a particular problem, he or she should see a lawyer or other professional for advice about his or her personal or particular issue that cannot be addressed at our center.
Starting Over Strong (SOS)
Expungement Services/Certificates of Rehabilitation

SOS provides people access to information, forms and resources that address financial, social, and legal barriers that discourage academic and professional success. We recognize that there are those in our community who suffer from social injustices. Through the efforts of the SOS we offer support in the form of counseling and hands on help when the need arises.

Website: www.StartingOverStrong.com
Location: California State University, Chico, 400 W. 1st Ave, BMU 213, Box 94, Chico, CA 95928, Associated Students
Contact Person: Sharon Darsey, Stephanie Owens & Alma Ayala
Phone: (530) 867-3296  Fax: N/A
Email: startingoverstudents@gmail.com
Population Served: Community residents and CSUC students
Restrictions: N/A
Referral: Appointments at startingoverstudents@gmail.com
Costs: Donations accepted
Primary Population/Community Served
Faith based: referrals available upon request
Direct Services: Accompany to court dates, information on filing forms, legal petitions
Referral to Services: Low cost legal assistance, support groups and employment development.

**The Life After Exoneration Program**

This unique program provides services for clients who have been exonerated from charges and have served time wrongfully convicted of a felony crime.

Website: www.exonerated.org

Location: 760 Wildcat Canyon Rd., Berkeley, CA 94708

Contact Person: Heather Weigand, Director of Client Services

Phone: (510) 292-6010   Fax: N/A   Email: weigand@exonerated.org

Population Served: Must be proven innocent through reversal or dismissal of charges or have a pardon from the governor.

Restrictions: must be attending CSU Chico

Referral: Appointments only

Accessibility:

Costs: Donations accepted

Primary Population/ Community Served

Faith based: N/A

Direct Services: Assist all people who have been wrongfully convicted of a felony crime.

Referral to Services: No referral services provided
Resources and Agencies

Legal Rights

- Employment – assists people with a record locate employment. www.hard2hire.com
- Expunging - Clear My Record: low cost for expunging misdemeanors and felonies. www.clearmyrecord.com
- Legal Rights – American Civil Liberties Union: a civil rights organization dedicated to assisting with various resources. www.acul.org
- Legal Rights – People for the American Way: access for people in the criminal justice system with information their civil rights
- Legal Rights – NAACP: is the nation’s oldest civil rights organization. The NAACP has criminal justice goals of ensuring that incarcerated and released felons have access to appropriate voting, education job training to civic participation resources. www.naacp.org
- Legal Rights – The National Urban League: provides civil rights information specifically to people in urban areas.
- Life Skills – Criminon: a program that includes life and thinking skills and educational courses as well as referrals to drug rehabilitation component in non-institutional settings. The program is designed for diversionary/probation, incarceration, parole and re-entry settings.
S.H.A.R.P. and Family Law Facilitator Assistance Areas

Child Support/Spousal Support
Order to Show Cause
Child Custody & Visitation
Contempt
Modification/Changes to Existing Orders
Notice of Motion/Motion
Set Aside Voluntary Declaration of Paternity
Set Aside Default Paternity
Paternity/Parentage for Unmarried Persons
Stipulated Judgments
Responses
Dissolutions
Paternity
Order to Show Cause
Notice of Motion
Simplified Financial Statements
Income and Expense Declarations
Set aside of Default (family law matters)
Change of Venue
Expungement (criminal)
Stipulations
J udgments (Default, Uncontested, Contested, Stipulated)
Procedural Information about Court and Forms
How to Represent Yourself in Court
Dissolution/Legal Separation/Annulments
Disclosure Documents (Dissolution)
Summary Dissolution
Petition for Custody and Support of Minor Children
Judgments (Contested/Uncontested)
Restraining Orders (and Responses)
Civil Harassment
Domestic Violence
Elder Abuse/Workplace Violence
Evictions/Unlawful Detainer (Tenant and Landlord)
Bifurcation of Marital Status
Name Change of:
Child(ren)
Self (adult)
Proof of Service/Service by Publication
Emancipation (of Minor)
Small Claims (Plaintiff and Defendant)
Guardianship/Guardianship Terminations (Probate)
**Special workshops for grandparents and elderly
**Alternatives to Guardianship
Step Parent Adoptions (with signed, uncontested consent of biological parent)

Do you need assistance with something not on this list?
Please call us for a free referral to another agency/person that may be able to assist you!

Where can I go to get assistance with these issues?

FAMILY LAW FACILITATOR (F.L.F.)

BUTTE COUNTY - (530) 532-7004
Tara M. Flanagan, Facilitator

GLENN COUNTY - (530) 934-6446
Tara M. Flanagan, Facilitator

LAKE COUNTY - (707) 263-9024
Jim Dawson, Facilitator

TEHAMA COUNTY - (530) 527-8649
Scott R. Lyon, Facilitator

SELF HELP ASSISTANCE & REFERRAL PROGRAM (S.H.A.R.P.)

Oroville—(530) 532-7015
1675 Montgomery Street
Lower Level of Carnegie Bldg
Chico—(530) 532-7024
655 Oleander
Inside Chico Courthouse
Lake—(707) 263-9024
119 N. Butte Street
Across from Angelina’s Bakery
380 N. Main Street, Ste. J.
Across from Willows Walk and
Program Administration: Tara M. Flanagan, Managing Attorney
Tammy L. Grimm, Program Manager

Red Bluff—(530) 527-8649
345 Pine Street (M/T/F)
One Block from the Courthouse
633 Washington, # 38 (W/Th)
Basement of the Courthouse
Willows - (530) 934-7114

Please call any of the F.L.F. and/or S.H.A.R.P. offices for workshop, walk-in, and appointment schedule, which changes each month.
Housing

It is difficult but not impossible to find housing in Butte County. Start looking as soon as possible and utilize all your resources. Apply for housing assistance as soon as possible through programs offered by the Housing Authority. You will not qualify for these programs immediately but do not get discouraged. We have provided a list of treatment programs and shelters within this section. Also included is a list of apartments in Butte County. Some of these apartments request that you fill out an application to apply. Having a record does not automatically exclude you. You can help yourself by staying current with the requirements of probation or parole. Keep seeking out support and treatment that adds positive efforts to your history.
The mission of the Housing Authority of the County of Butte is to assist low and moderate income residents of Butte County and secure and maintain high quality affordable housing.

LOCATION: 2039 Forest Avenue, Chico, CA 95928
HOURS: Monday-Friday 8-5
PHONE: (530) 895-4474  E-MAIL: info@butte-housing.com
www.butte-housing.com

POPULATION SERVED: families, seniors, handicapped, and disabled individuals
RESTRICTIONS: There is a waiting list. Applicants with the oldest application date will be offered housing as program openings occur.

The following programs are managed by the Housing Authority of Butte County:

SECTION 8 Vouchers-there are 1908 vouchers offered county wide
Public Housing – 345 units offered county wide
Farm Labor Housing-130 units in Gridley
Park Place for seniors in Oroville
Walker Commons (a tax credit project for seniors and the disabled in Chico)
<table>
<thead>
<tr>
<th>Apartment Name</th>
<th>Address</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Acacia Apartments</td>
<td>808 W. 2nd Ave, Chico, CA 95926</td>
<td>530-895-8281</td>
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<td>Amanda Place Apartments</td>
<td>2060 Amanda Way, Chico, CA 95928</td>
<td>530-343-2060</td>
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<td>Ashland Apartments</td>
<td>208 Main, Hamilton City, CA 95951</td>
<td>530-826-3671</td>
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<td>Autumn Creek Apartments</td>
<td>120 Menlo Way, Chico, CA 95926</td>
<td>530-894-1398</td>
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<td>Bidwell Oaks Apartments</td>
<td>700 Salem St., Chico, 95928</td>
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<td>Bidwells Mill Apartments</td>
<td>500 Esplanade, Chico, CA 95926</td>
<td>530-343-6245</td>
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<td>Boulder Creek Apartments</td>
<td>675 Mitchell Ave, Oroville, CA 95965</td>
<td>530-533-5900</td>
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<td>Burnan Garden Apartments</td>
<td>2740 Burnap Ave, Chico, CA 95973</td>
<td>530-345-3259</td>
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<td>Cameo Village Apartments</td>
<td>13 Cameo Dr, Chico, CA 95973</td>
<td>530-343-8183</td>
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<td>Casa Alegre</td>
<td>810 W. 1st Ave, Chico, CA 95926</td>
<td>530-343-2022</td>
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<td>Casa Bonita Apartments</td>
<td>653 E. 9th St., Chico, CA 95973</td>
<td>530-899-8153</td>
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<td>Cedar Grove Apartments</td>
<td>1865 E 8th St., Chico, CA 95928</td>
<td>530-891-4615</td>
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<td>Cedar Village Apartments</td>
<td>820 W 4th Ave, Chico, CA 95926</td>
<td>530-342-1839</td>
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<td>Ceres Plaza Apartments</td>
<td>1459 E Lassen Ave, Chico, CA 95973</td>
<td>530-893-3018</td>
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<td>Chestnut Arms Apartments</td>
<td>525 Chestnut St., Chico, CA 95928</td>
<td>530-343-8672</td>
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<td>Chico Commons Apartments</td>
<td>2071 Amanda Way, Chico, CA 95928</td>
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<td>Chico Gardens</td>
<td>849 Pomona Ave, Chico, CA 95928</td>
<td>530-345-8360</td>
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<td>Cobblecreek Apartments</td>
<td>2777 Eaton Rd #103, Chico, CA 95973</td>
<td>530-342-7744</td>
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<td>Cordillera Apts.</td>
<td>41 Cameo Dr., Chico, CA 95973</td>
<td>530-894-2220</td>
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<td>East Lindo Apts.</td>
<td>1369 E Lindo Ave, Chico, CA 95926</td>
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<td>Eastwood Gardens</td>
<td>821 W East Ave, Chico, CA 95926</td>
<td>530-343-4171</td>
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<td>Espana Gardens</td>
<td>354 Rio Lindo Ave, Chico, CA 95926</td>
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<td>Everett Apts.</td>
<td>2165 Nord Ave, Chico, CA 95926</td>
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<td>Forest Avenue Apartments</td>
<td>1161 Forest Ave., Chico, CA 95928</td>
<td>530-894-1661</td>
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<td>Garden Terrace Apts.</td>
<td>440 Normal Ave, Chico, CA 95928</td>
<td>530-342-4649</td>
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<td>Glennwood Apts.</td>
<td>711 W. East Ave, Chico, CA 95926</td>
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<td>Godman Avenue Apartments</td>
<td>2925 Godman Ave, Chico, CA 95973</td>
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<td>Gridley Springs Apartments</td>
<td>210 Ford Ave, Gridley, CA 95948</td>
<td>530-846-6201</td>
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<td>Haskell Street Apartments</td>
<td>150 Haskell Street Gridley, CA 95948</td>
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<td>Hazel Hotel Apartments</td>
<td>880 Hazel St., Gridley, CA 95948</td>
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<td>Highland Apartments</td>
<td>222 Table Mountain Blvd, Oroville, CA 95965</td>
<td>530-534-9776</td>
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<td>Humboldt Park</td>
<td>1850 Humboldt Rd, Chico, CA 95928</td>
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<td>Huntington Apartments</td>
<td>2002 Huntington Dr., Chico, CA 95928</td>
<td>530-894-2408</td>
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<td>Joshua Tree Apartments</td>
<td>476 E. Lassen Avenue, Chico, CA 95973</td>
<td>530-894-3036</td>
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<td>La Vista Apartments</td>
<td>634 W 2nd Ave, Chico, CA 95926</td>
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<td>La Vista Verde Apartments</td>
<td>1666 Vista Verde Ave, Chico, CA 95928</td>
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<td>Lakeview Apartments</td>
<td>2581 California Park Dr., Chico, CA 95928</td>
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<td>Lincoln Apartments</td>
<td>474 E 12th Street, Chico, CA 95928</td>
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<td>Lawrence Apartments</td>
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<td>Nord Gardens</td>
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<td>Northwood Apartments</td>
<td>363 Rio Lindo Ave, Chico, CA 95926</td>
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<td>Oro Villa Apartments</td>
<td>2735 Mitchell Ave, Oroville, CA 95966</td>
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<td>Oroville Apartments</td>
<td>39 Nelson Ave, Oroville, CA 95965</td>
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<td>Paradise Apartments</td>
<td>1115 W Sacramento Ave, Chico, CA 95926</td>
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<td>Pine Tree Apartments</td>
<td>47 Cobblestone Dr., Chico, CA 95928</td>
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<td>Pomona Apartments</td>
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<td>Pomona West Apartments</td>
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<td>530-345-3002</td>
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<td>Pillsbury Apartments</td>
<td>2781 Pillsbury Rd, Chico 95929</td>
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<td>Redwood Glen</td>
<td>643 W 4th Ave, Chico, CA</td>
<td>530-345-0665</td>
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<td>Rice Bowl Apartments</td>
<td>160 E Lassen Ave, Chico, CA 95973</td>
<td>530-321-4949</td>
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<td>Ridgepine Commons</td>
<td>1250 Elliott Rd, Paradise, CA 95973</td>
<td>530-872-4304</td>
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<td>Riverside Apartments</td>
<td>179 Cohasset Lane, Chico, CA 95926</td>
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<td>Rosewood Apartments</td>
<td>452 Posada Way, Chico, CA 95973</td>
<td>530-891-4070</td>
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<td>Seventh Street Manor</td>
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<td>530-345-6870</td>
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<td>Shadowbrook Apartments</td>
<td>1090 Shadowbrook Way, Paradise, CA</td>
<td>530-872-1024</td>
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<td>Shasta East</td>
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<td>Shelter Cove Apartments</td>
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<td>Sheridan Square Apartments</td>
<td>1301 Sheridan Ave, Chico, CA 95926</td>
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<td>Sierra Manor Apartments</td>
<td>1836 Laburnum Ave, Chico, CA 95926</td>
<td>530-345-1965</td>
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<td>Sterling Oaks</td>
<td>100 Sterling Oaks Dr, Chico, Ca 95929</td>
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<td>Third &amp; Cedar Apartments</td>
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<td>530-899-2672</td>
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<td>Trans Pacific Gardens</td>
<td>725 Nord Ave, Chico CA 95926</td>
<td>530-895-3403</td>
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<td>Train Station Apartments</td>
<td>390 Rio Lindo Ave, Chico, CA 95926</td>
<td>530-894-2493</td>
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<td>Trinity Village Apartments</td>
<td>234 W 3D, Chico, CA 95973</td>
<td>530-891-5907</td>
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<td>Villa Del Mar Apartments</td>
<td>1385 E Lindo Ave, Chico, CA 95926</td>
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<td>Villa Rita Apartments</td>
<td>650 Manzanita Ave, Chico, CA 95926</td>
<td>530-895-1048</td>
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<td>Villa Serena Apartments</td>
<td>2313 Floral Ave., Chico, CA 95926</td>
<td>530-891-1142</td>
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<td>Warner Park Apartments</td>
<td>1431 Warner St, Chico, CA 95926</td>
<td>530-894-7520</td>
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<td>Westpark Gardens</td>
<td>1565 N Cherry St, Chico, CA 95926</td>
<td>530-891-5091</td>
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<td>Willow Creek Apartments</td>
<td>2670 El Paso Way, Chico, CA 95973</td>
<td>530-891-8749</td>
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<tr>
<td>Woodland Heights Apartments</td>
<td>1114 Nord Ave, Chico, CA 95926</td>
<td>530-345-7528</td>
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</table>
Clean and Sober Living
Environments/Treatment Programs

THE 2\textsuperscript{ND} STEP CHRISTAIN TRANSITIONAL LIVING

The goal is to provide housing and services to women with children in a safe and structured environment for those who are serious about learning and how to live without drugs and alcohol. Each woman is held to a high level of accountability and is provided security of a loving and disciplined home. Women are supervised and guided through the process of becoming responsible, reliable, honest, independent, law abiding citizens of the community.

MAILING ADDRESS 555 Pomona Ave, Oroville CA 95965
HOURS:
CONTACT PERSON: Carla May
PHONE: (530)321-9319 E-MAIL the2ndstep@sbcglobal.net
POPULATION SERVED: the lost and broken women ☺
RESTRICTIONS: NO NARCOTIC MEDICATION
REFERRAL/DROP-INS: CALL for prescreening OR write for application
DOCUMENTATION NEEDED PRIOR TO ENTRY:
ACCESSIBILITY: Not wheelchair accessible
FAITH BASED: YES
COST: SINGLE WOMEN $575.00 includes food and transportation
WOMEN WITH CHILDREN $585.00 INCLUDES TRANSPORTATION NOT FOOD
DIRECT SERVICES: WIDE RANGE OF SERVICES UTILIZING OFFERED IN COMMUNITY
Cherokee House

GOAL OR MISSION STATEMENT
To successfully rehabilitate and induce remission in men with alcohol and/or drug addictions in an environment which fosters recovery through education, basic living skills, and spiritual renewal thus contributing to positive changes in their family life, community and themselves.

LOCATION OR MAILING ADDRESS
2041 Fogg Ave, Oroville, Ca. 95965
HOURS: Business phone 8am to 5pm
CONTACT PERSON: Dallas Hall
PHONE: 530-534-3663   E-MAIL   cherokee.house@att.net

POPULATION SERVED: Men only/6 bed residential facility/10 bed in-patient facility/10 bed sober living facility
RESTRICTIONS: men only/no S.O.’s/18 and older
REFERRAL/DROP-INS: Y
DOCUMENTATION NEEDED PRIOR TO ENTRY: proof of T.B. test/verification of funding

ACCESSIBILITY: wheelchair accessible
FAITH BASED: Y
COST: $2650.00 per month/$1300.00 per month/ $500.00 per month

DIRECT SERVICES:
Chestnut House
Men Clean and Sober Living

Our mission is to provide a clean and sober living environment for chemically dependent ex-offender persons in recovery in Butte, County. This home provides a safe, structured environment for persons who are exiting from the criminal justice system and attempting to reenter society. We also serve persons who are living in high risk environments or are homeless.

LOCATION OR MAILING ADDRESS: 1412 Chestnut St, Chico, CA 95928

HOURS:

CONTACT PERSON: Robin Lee

PHONE: 530-354-1798  E-MAIL robinleechico@yahoo.com

POPULATION SERVED: Men

RESTRICTIONS: Must be 18 years of age

REFERRAL/DROP-INS: okay

DOCUMENTATION NEEDED PRIOR TO ENTRY:

ACCESSIBILITY:

FAITH BASED: NO

COST: $400.00 PER MONTH

DIRECT SERVICES: Affordable rent, referrals to other community based organizations, drug testing, spiritual guidance, life changing skills, attendance to 12 step meetings, support
Community Action Agency of Butte County, Inc. (CAA)

CAA serves as a catalyst to reduce poverty and its symptoms through:

- Providing quality services • Empowering individuals
- Developing resources • Collaborating with others
- Advocating on behalf of the economically and socially disadvantaged
- Improving the conditions in which people live, learn and work

LOCATIONS, HOURS, PHONE, E-MAIL:

CAA-Administration Office (Agency’s Mailing Address)
2255 Del Oro Ave, Oroville, CA 95965
(530) 538-7559; M-F 9am-12pm/1pm-4pm
Website: www.buttecaa.com
Info Email: adminrecept@buttecaa.com

CAA-Housing & Community Development Dept.
2640 S. 5th Avenue, Oroville, CA 95965
(530) 538-7534, M-F 8am-5pm
Services: Home Energy Improvements/Appliances/Weatherization, Utility Assistance (PG&E, Wood, Propane, etc.), Rehab & Construction

CAA-Food & Nutrition Dept. Office
2640 S. 5th Avenue, Suite 7, Oroville, CA 95965
(530) 538-7534, ext. 242, M-F 8am-5pm
Services: Senior Meals (Butte, Yuba & Sutter Counties-Congregate Site/Home Delivered Meals), Surplus Commodities, Food Bank
CAA-Esplanade House (Transitional Housing Program for Homeless Families)

181 E. Shasta Avenue, Chico, CA 95973

(530) 891-2977, M-F 8am-5pm

Services: Provides safe living environment for families to become stable and self sufficient, on-site childcare center for clients, Alcohol/Drug Program, Supportive Services

POPULATION SERVED: Low to Moderate Income Households

RESTRICTIONS, REFERRAL/DROP-INS, DOCUMENTATION NEEDED PRIOR TO ENTRY: Call or visit website for more info.

ACCESSIBILITY: All

FAITH BASED: n/a

COST: n/a
Esther's Hope

GOAL- To invest in the individual lives of women by way of one-on-one relationship in a structured and supportive environment that recognizes their God-given purpose while providing a model for Biblical principles to their lives. Encouraging these women to depend on Jesus Christ for stability and focal point of their lives.

To help those in this setting to develop a plan for their lives and to set goals to implement their reentry plans. To help women to become productive and recognize how valuable they are to God; and to assure them that they are not alone.

LOCATION OR MAILING ADDRESS: 5647 Clark rd. mailing- PO Box 141 Paradise, CA 95969

HOURS: 24-7

CONTACT PERSON: Suzie Jackson

PHONE: 530-514-9819
We hold 11 women

RESTRICTIONS: Willing and wanting and follow house rules

REFERRAL/DROPINS: okay

DOCUMENTATION: You must fill out an application

FAITH BASED: YES

COST: Is based on income

DIRECT SERVICES: 12-step and Boundaries classes as well as one-on-one and encourage any outside support.
JESUS CENTER

The Jesus Center offers hospitality in the name of Jesus. For us this means a person needing our services, no matter what their background, is welcome and respected at the Center. Our belief is that no matter what a person’s life may be, there is always the possibility of hope. What begins with a meal may lead to a new future.

LOCATION OR MAILING ADDRESS: 1297 Park Avenue (at the corner of 13th Street) Chico, CA 95928

HOURS: Monday –Friday 9am – 4pm

CONTACT PERSON: Staff

PHONE: 530-345-2640 E-MAIL: www.jesuscenter.org

POPULATION SERVED: All, Women’s Shelter Check in 4:30PM upstairs over Jesus Center

RESTRICTIONS: None

REFERRAL/DROP-INS: Okay

DOCUMENTATION NEEDED PRIOR TO ENTRY: None

ACCESSIBILITY: Wheelchair accessible

FAITH BASED: YES

COST: Free

DIRECT SERVICES: Meal Program Breakfast 7:30-8:30 Monday-Saturday, Dinner 3:00-4:30pm Monday-Friday, Snack 2pm, 2:30-3:30pm Saturdays, no snack

Showers: Men’s 7:00-9:00 am Monday-Saturday Women’s 1:30-3:00 pm Monday-Saturday

Mail Service, Resource Center available Monday-Friday 9:00-4:00. Clients can research jobs, housing, and contact friends and family, resume writing, food pantry Tuesdays at 3:00pm. Check for updated time
JONAH’S ALTERNATIVE RECOVERY HOUSE

This is clean and sober living environment with private corridors for men. The facility is low cost and provides food and clothing.

LOCATION: Must call first. It is in Oroville.

HOURS: Monday – Friday, 1PM – 10 PM

CONTACT PERSON: Danny Doss

PHONE: (530) 403-0433 E-mail: ormdad@gmail.com

POPULATION SERVED: Men only

RESTRICTIONS: Must be clean and sober for six months.

REFERRAL/DROP-INS: Referrals not needed; must call for an appointment

DOCUMENTATION NEEDED PRIOR TO ENTRY: State ID Required

ACCESSIBILITY: Wheelchair accessible,

FAITH BASED: YES

DIRECT SERVICES: Individual program is structured or monitored to support individual’s needs
Jordan Crossing Ministries Discipleship Home

GOAL OR MISSION STATEMENT: To help transition ex-offenders from prison back into society by teaching them with the word of God.

LOCATION OR MAILING ADDRESS: P.O. Box 869 Palermo, CA 95968

HOURS: n/a

CONTACT PERSON: Pastor Michael Tomlinson

PHONE: (530) 534-1382 E-MAIL: michaelt@aftercare.biz

POPULATION SERVED: Men

RESTRICTIONS: No “S” Numbers

REFERRAL/DROP-INS: n/a

DOCUMENTATION NEEDED PRIOR TO ENTRY: Photo I.D.

ACCESSIBILITY: 2 Homes located in Butte County

FAITH BASED: Yes

COST: $600 month

DIRECT SERVICES: Church Services and support with reentering society
Laura Collier’s Clean and Sober Living

Laura Collier’s Clean offers safe, affordable, drug and alcohol free living to men and women who desire a drug and alcohol free living environment. Each home has a live in house manager to ensure comfortable, supportive, safe place

LOCATION OR MAILING ADDRESS: P.O. Box 4507, Chico CA 95927

HOURS:

CONTACT PERSON: Laura Collier

PHONE: (530)354-1345 or (530)897-0518 E-MAIL

POPULATION SERVED: Men and women

RESTRICTIONS: No drugs or alcohol

REFERRAL/DROP-INS: okay

DOCUMENTATION NEEDED PRIOR TO ENTRY:

ACCESSIBILITY:

FAITH BASED: no

COST: $300.00-$545.0 per month depending on room type and house type

DIRECT SERVICES: We offer pro-rated rental fees and a $100 deposit. Local telephone, cable television, washer, dryer, laundry soap, bleach, dryer sheets, house cleaning supplies.
Lifeline Recovery

We offer a structured environment to assist in developing a recovery strategy with a goal of successful rehabilitation and facilitation of remission in men/women with alcohol and/or drug addiction, as well as any other addiction, in an environment which fosters recovery through education, spiritual renewal, and teaching basic living skills thus contributing to positive changes in their family life, their community, and themselves.

2060 Bird Street Oroville, Ca. 96966
HOURS: Sunday – Saturday; 8 am – 9 pm
CONTACT PERSON: Braxton Jackson

PHONE: (530) 534-7622

EMAIL:lifelinerecoveryorovillecalifornia2009@hotmail.com

POPULATION SERVED: All persons afflicted by addiction
RESTRICTIONS: None
REFERRAL/DROP-INS: By appointment
DOCUMENTATION NEEDED PRIOR TO ENTRY: None

ACCESSIBILITY: Handicap accessibility
FAITH BASED: We have this capacity.
COST: $500/monthly

DIRECT SERVICES: Native American Spirituality, Sober Living Environment
Outpatient education on drug and alcohol addiction, Other services as needed
LIFE RECOVERY MINISTRIES
12-month Discipleship Program

Our goal is to have alcohol and drug free men and women who have a strong relationship with Jesus Christ, functioning in a positive manner towards their families, and society.

LOCATION OR MAILING ADDRESS
HOURS: 9-5 M-F
CONTACT PERSON: Andy Engler
PHONE: 534-4704 E-MAIL andy.l.engler@gmail.com

POPULATION SERVED: 18-24 years old
RESTRICTIONS: 1 yr program
REFERRAL/DROP-INS: yes
DOCUMENTATION NEEDED PRIOR TO ENTRY: none

ACCESSIBILITY:
FAITH BASED: yes
COST: $700.00

DIRECT SERVICES: To provide men and women in recovery a place to develop a personal relationship with Jesus, and change their lives forever.
Maple Manor
Women and Children’s Clean and Sober Living Environment

Our mission is to provide a clean and sober living environment for chemically dependent ex-offender persons in recovery in Butte, County. This home provides a safe, structured environment for persons who are exiting from the criminal justice system and attempting to reenter society. We also serve persons who are living in high risk environments or are homeless.

LOCATION OR MAILING ADDRESS: 435 Maple Street, Chico, CA 95928

HOURS:

CONTACT PERSON: Robin Lee

PHONE: 530-354-1798 E-MAIL robinleechico@yahoo.com

POPULATION SERVED: Women and Children

RESTRICTIONS: Must be 18 years of age

REFERRAL/DROP-INS: okay

DOCUMENTATION NEEDED PRIOR TO ENTRY:

ACCESSIBILITY:

FAITH BASED: NO

COST: $400.00 PER MONTH

DIRECT SERVICES: Affordable rent, referrals to other community based organizations, drug testing, spiritual guidance, life changing skills, attendance to 12 step meetings
Northern California Treatment Services

To successfully rehabilitate and facilitate remission in men and women with alcohol and/or drug addiction in an environment which fosters recovery through education, basic living skills, and spiritual renewal, thus contributing to positive changes in their family life, their community, and themselves.

LOCATION OR MAILING ADDRESS: 3114 Meyers Street, Oroville, CA 95966

HOURS: Monday - Friday 8am - 6 pm

CONTACT PERSON: Michael Anderson

PHONE: Michael Anderson E-MAIL: ncts_rehab works@att.net

POPULATION SERVED: Men and Women, Men with children and Women with Children

RESTRICTIONS: Determined by assessment

REFERRAL/DROP-INS: okay

DOCUMENTATION NEEDED PRIOR TO ENTRY: Identification

ACCESSIBILITY: Wheelchair accessible

FAITH BASED: no

COST: Depending on Services requested

DIRECT SERVICES: Sober living environments, Intensive Outpatient, Counseling, PC 1000, Prop 36 and drug court referrals, anger management, life skills, stress management, grief support, addiction and impulse behavior education, GED preparation
OROVILLE RESCUE MINISTRIES

New Life Recovery Program

The goal is to provide chemically dependent persons the opportunity to break the dependency cycle and become a productive member of society they were intended to be. New Life Recovery offered in both residential and outpatient formats, combines the Christian based 12 step program and a system of 12 one month modules that teach the necessary skills for recovery persons to function in life on life’s terms.

LOCATION: 4250 Lincoln Blvd, Oroville, CA 95966

HOURS: Monday - Friday 1 PM - 10 PM

CONTACT: Danny Doss, Program Director

PHONE (530) 534-9541

POPULATION SERVED: Ages 18 and up; Men and Women and Women with children

RESTRICTIONS: Single men with children and the blind. All medical/medication or psychological issues subject to screening.

REFERRAL/DROP-INS: Referral not needed and Drop-ins okay

DOCUMENTATION NEEDED: Photo State ID preferred but not required

ACCESSIBILITY: Not accessible to residents with mobility impairments

COSTS: None

PRIMARY POPULATION: All

DIRECT SERVICES: Food, Clothing, Long term drug rehabilitation, Associated Case Management
PROGRESS HOUSE WOMEN AND CHILDREN’S FACILITY

GOAL OR MISSION STATEMENT  The mission of Progress House Inc. is to provide comprehensive services for chemically dependent persons, families and communities through education, therapy and rehabilitation.

LOCATION OR MAILING ADDRESS P.O. Box 39, Garden Valley, CA, 95633

HOURS: 8-5 Mon - Sat

CONTACT PERSON: Tom Vice CADC II

PHONE: 530-333-9460 E-MAILgardenvalley@progresshouseinc.org

POPULATION SERVED: Pregnant Women, and Women W/children and Women

RESTRICTIONS: Boys after hitting puberty

REFERRAL/DROP-INS: Referrals no Drop Ins.

DOCUMENTATION NEEDED PRIOR TO ENTRY: Phone Interview

ACCESSIBILITY: Wheel Chair Accessible

FAITH BASED: No

COST: Funding Sources, Full pay $3300 for the first 30 days.

DIRECT SERVICES: Contracts and other funding sources.
SABBATH HOUSE

Our goal is to provide shelter exclusively for women and children. Women can stay at the shelter for several days with no questions asked. A longer stay requires goal setting and case management to help our guests change directions in their lives.

LOCATION OR MAILING ADDRESS: 1297 Park Avenue (at the corner of 13th Street) Chico, CA 95928

HOURS: Available at 4:30 pm

CONTACT PERSON: Staff

PHONE: 530-345-2640        E-MAIL: www.jesuscenter.org

POPULATION SERVED: Women and Children

RESTRICTIONS:

REFERRAL/DROP-INS: Okay

DOCUMENTATION NEEDED PRIOR TO ENTRY: None

ACCESSIBILITY: not wheelchair accessible

FAITH BASED: Yes

COST: Free

DIRECT SERVICES: Shelter, showers, mail services, resource center, clothing and shoes, hygiene items, food pantry
SALVATION ARMY ADULT REHABILITATION

This program provides in house treatment for a minimum of 6 months.
You must be able to work 40 hours a week and be able to lift 50lbs.

LOCATION OR MAILING ADDRESS 1640 Washington Ave, Oroville, CA 95966
HOURS: Mondays only 10am-4pm
CONTACT PERSON: Linda Vasquez
PHONE: (530)534-7155

POPULATION SERVED: Men, women, single mothers with children, and single fathers with children and legally married couples
RESTRICTIONS: Must be 18-62 years old
REFERRAL/DROP-INS: Referrals not needed/ Drop in during office hours
DOCUMENTATION NEEDED PRIOR TO ENTRY: Valid picture ID or Driver’s License, SS Card, Recent TB test

ACCESSIBILITY: Not wheelchair accessible
FAITH BASED: Yes
COST: $135 for Bibles

DIRECT SERVICES: Church services and bible studies, individual counseling, parenting classes, financial management, anger management, 12 step program with numerous groups
GOAL OR MISSION STATEMENT: The Sarah House is a Well Ministry of Rescue and is a Christian based discipleship training program founded on the Word of God. By adopting an “each one teach one” outlook, we allow the redeemed of the Lord to say so. Our Bible studies and groups are led primarily by people who have overcome addictions in their own lives, by allowing God to change their lives through the power of His Spirit. Now they simply desire to share the Good News with others in obedience to the Lord.

LOCATION OR MAILING ADDRESS 2343 Lombard, Chico, CA 95973

HOURS: call anytime

CONTACT PERSON: Patricia Howell

PHONE: (530) 342-0835 E-MAIL thewellsarahhome@sbcglobal.net

POPULATION SERVED: Women

RESTRICTIONS: No prescribed narcotic medications allowed

REFERRAL/DROP-INS: okay

DOCUMENTATION NEEDED PRIOR TO ENTRY: not needed

ACCESSIBILITY: Wheelchair okay

FAITH BASED: YES

COST: $400.00 a month this includes food

DIRECT SERVICES: 12 month commitment, Christ centered 12 step book study, 15 bible studies weekly, encouragement, help with illiteracy, support to families of the disciples, transitional housing plan, after care and case management services
GOAL OR MISSION STATEMENT: Skyway House provides substance abuse treatment to individuals and families. We strive to open doors to a purposeful way of life, thus reducing the impact of addiction in our community.

LOCATION OR MAILING ADDRESS: 564 Rio Lindo Ave. Suite 103 Chico, CA 95926
HOURS: 8:00 am to 5:00 pm
CONTACT PERSON: Brooke/Megan
PHONE: 530-898-8326 E-MAIL info@skywayhouse.org

POPULATION SERVED: Men/Women/Adolescents
RESTRICTIONS:
REFERRAL/DROP-INS: Yes.
DOCUMENTATION NEEDED PRIOR TO ENTRY: Current TB test, completion of intake packet

ACCESSIBILITY:
FAITH BASED: Twelve-step based social model
COST: Sliding scale

DIRECT SERVICES: Residential TX for Men and Woman, Alcohol & Drug Free Housing for Men & Women, Outpatient for Men, Women & Adolescents.
TRI-COUNTY TREATMENT

GOAL OR MISSION STATEMENT: Our goal is to provide a clean, safe, drug free environment for clients to recover from chemical addiction.

LOCATION OR MAILING ADDRESS: 2740 Oro Dam Blvd, Oroville, CA 95966

HOURS: Monday-Friday 9-4-pm

CONTACT PERSON: Available staff

PHONE: (530)533-5272   E-MAIL tctstaff@gmail.com

POPULATION SERVED: All

RESTRICTIONS: None

REFERRAL/DROP-INS: okay

DOCUMENTATION NEEDED PRIOR TO ENTRY: ID, TB Test

ACCESSIBILITY: wheel chair

FAITH BASED: No

COST: $100 per day

DIRECT SERVICES: random drug testing, case management, one on one counseling, intense 12 step program, out patient and inpatient services
The Well Ministry of Rescue

The Well Ministry of Rescue is a Christian based discipleship training program founded on the Word of God. By adopting an “each one teach one” outlook, we allow the redeemed of the Lord to say so. Our Bible studies and groups are led primarily by people who have overcome addictions in their own lives, by allowing God to change their lives through the power of His Spirit. Now they simply desire to share the Good News with others in obedience to the Lord.

LOCATION OR MAILING ADDRESS: 2612 Esplanade, Chico, CA 95973

HOURS:

CONTACT PERSON: David Kroessing - CEO/ Administrator

PHONE: (530)343-1935 E-MAIL www.thewellministry.org

POPULATION SERVED: Men

RESTRICTIONS: None

REFERRAL/DROP-INS: Okay

ACCESSIBILITY: wheel chair accessible

FAITH BASED: YES

COST: No Cost

DIRECT SERVICES: 12 month commitment, Christ centered 12 step book study, 15 bible studies weekly, encouragement, help with illiteracy, support to families of the disciples, transitional housing plan, after care and case management services.
UNITY IN RECOVERY

GOAL OR MISSION STATEMENT: “To unite support of all graduates for better living in the community and educate all who listen about addiction.”

LOCATION OR MAILING ADDRESS: 3863 Highway 99W, Orland, CA 95963

CONTACT PERSON:

PHONE: 530-586-2027/530-865-4544  E-MAIL unityinrecovery@clearwire.net

POPULATION SERVED: Men & Women and children

RESTRICTIONS: Must be clean and sober

REFERRAL/DROP-INS: Must make an appointment

DOCUMENTATION NEEDED PRIOR TO ENTRY: Must complete application, intake and evaluation

ACCESSIBILITY: Wheelchair accessible

FAITH BASED: Yes

COST: $500 per month and $75.00 per child

DIRECT SERVICES: Mental health treatment, groups, meetings, guidance and support for staying clean and sober
## Shelters

<table>
<thead>
<tr>
<th>Shelter Name</th>
<th>Address</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chico Community Shelter Partnership-Torres Shelter</td>
<td>101 Silver Dollar Parkway, Chico</td>
<td>530-891-9048</td>
</tr>
</tbody>
</table>
| HERE Program | 500 Cohasset Rd #27 Chico, CA  
Temporary shelter for youth | 530-891-2794 |
| Jesus Center & Sabbath House | 1297 Park Ave, Chico, CA | 530-345-2690 |
| Oroville Rescue Mission | 4250 Lincoln Blvd Oroville, CA | 530-534-9541  
530-533-9120  
530-533-0351 |
| Vectors | 252 E. 1st St, Chico  
Outreach services to the veteran community | 530-343-3040 |
EDUCATION

BUTTE COUNTY COMMUNITY COLLEGE:

Butte College is a two-year community college that provides Associates of Art degree, Associates of Science degrees, and Certificates. The college is open to anyone who is over 18 years of age, including new and returning students, and high-school students. There is Financial Aid for those who qualify, as well as programs to help those who are economically and academically disadvantaged.

PROGRAMS:

Transfer Degree and Major Programs

Students who are wishing to transfer to a University can take G.E. courses that meet the requirements to transfer. They can also take major courses that would apply to their major at a University. These programs guarantee course equivalency between Butte College and most four-year universities.

Career and Technical Education Programs

These programs are designed to prepare the students for a career or an occupation. The programs offer training in selected career fields. Many of the Certificates of Achievements combined with G.E. courses can lead to an Associate’s Degree. There are specialty courses that offer re-certification in many fields.

Certificate of Achievements:

Students in these programs want to take all their courses in specialized employment preparatory courses. They can enter the workforce after they received their certificate or take additional courses to receive an Associate’s Degree.

Other Certificates

There are other certificates that are given to students who are taking short-term courses or short-term programs.

LOCATION:

3536 Butte Campus Dr, Oroville, California 95965

530-895-2511

www.butte.edu

SERVICES

Financial Aid Office: 530-895-2311 M-F 7:30-3
• Provides financial aid help to students who qualify. Types of financial aid available are grants, loans, work-study programs, and scholarships. Fee waivers include the BOG (Board of Governors’), Remedial Course Fee Waiver, and Part-time High-school Student Fee Waiver.

EOPS (Extended Opportunity Program and Services): 530-895-2555 M-F 8-5

• Provides services to students who are economically and academically disadvantage. Services include priority registration, textbook credits, education equipments such as calculators, counseling, tutoring, emergency loans, application fee waivers to universities, assistance with childcare expenses, copier services, and low-cost computer purchase program.

CARE (Cooperative Agencies Resources Education): 530-895-2555 M-F 8-5

• CARE is a program through EOPS that provides services to single parents receiving CalWORKS or TANF. Additional support is given to these students so that they can obtain their degree and/or marketable job skills. Students are assisted with childcare expenses, workshops, counseling, free cap and gown, free refurbished computers, and referrals to community-base services.

ESL CLASSES (English as a Second-language) 530-895-2872

• English-classes are offered in the evening at the Chico Center, Gridley High School, Durham Elementary, and Orland High. Morning classes are offered at the Main Campus. The Butte Vocational ESL are offered at the Community Employment Centers in Oroville and Chico in the mornings and Chapman Elementary and Gridley High in the evenings.

CAS (Center for Academic Success) 530-895-2386

• CAS teaches skills and strategies to help students achieve their academic goals. Services include tutoring, workshops, skills-building courses, drop-in computer labs, group study, and individual study guide sessions.

CAREER SERVICES: 530-895-2340 M-F 8-5 PM

• Provides services and programs to assist students in career life planning. The Career Center assist students in counseling, career planning workshops, life planning courses, computer lab, occupational research, and a career library.

JOB PLACEMENT AND COOPERATIVE EDUCATION:

• Programs within the Career Center that assist students in employment by providing employers with qualified applicants, providing students job information, job search, interview assistance, and resume. Assist students in obtaining opportunities for internships.

NEW HORIZONS: 530-895-2396

• Assist single parents and displaced homemakers who are enrolled in Career and Technical Programs.

BUTTE COLLEGE CALWORKS PROGRAM:

• Serves eligible students by assisting them to complete their educational goals, find meaningful employment, and successful transition to the workforce.
CALIFORNIA STATE UNIVERSITY, CHICO

CSU, Chico is a four year university located in Chico, CA. It provides education programs for first-time students, continuing students, returning students, international students, and graduate students. There are over 300 under-graduate and graduate academic programs offered. Financial Aid is available for those who qualify.

PROGRAMS:

College of Agriculture
College of Behavioral and Social Sciences
College of Business
College of Communication and Education
College of Engineering, Computer Science, and Construction Management
College of Humanities and Fine Arts
College of Natural Science
School of Graduate, International, and Interdisciplinary Studies
Regional and Continuing Education

LOCATION:

400 WEST FIRST STREET
CHICO, CA 95926
530-898-4428
www.csuchico.edu

SERVICES:

FINANCIAL AID: 530-898-6451

- Provide financial assistance to those who qualify. Types of aid include Federal Pell Grant, Cal Grant, Scholarships, Loans, and Work-Study.

CENTER FOR REGIONAL AND CONTINUING EDUCATION:
• Provide programs in development and management, professional continuing education, relic ensure certification, distanced education and online program development. Course can be taking for credit or non-credit.

CAREER CENTER: 530-898-5253
• Assist students and Alumni in career development through career fairs, assistance with resumes and cover letters, assistance with finding internships, provide students with job search tool, and assist students with choosing a major.

EOP (Educational Opportunity Program):
• Provides services to economically disadvantage students and first-time college students.

DISABILITY SUPPORT SERVICES:
• Increase access for students with disabilities

MESA (MATHEMATICS ENGINEERING AND SCIENCE ACHIEVEMENT PROGRAM):
• A program that serves educationally disadvantaged students with an emphasis on students from groups with low rates of college eligibility so that they can excel in the math and science field in four-year institutions.

STUDENT LEARNING CENTER:
• Provide a variety of workshops, such as note-taking and test-taking strategies

STUDENT HEALTH CENTER:
• Outpatient medical care clinic that provides medical care to students
**BUTTE COUNTY REGIONAL OCCUPATIONAL PROGRAM (ROP)**

In collaboration with local schools and businesses, ROP prepares people for work by assisting youths and adults in developing marketable skills, work ethics, job training, and guidance. Classes are taught by skilled instructors and provide students with real work experience through internships.

**LOCATION:**
2491 CARMICHAEL DRIVE
CHICO, CA
530-879-7457
http://www.bcoe.org/rop/

**SERVICES:**
- Job skills
- Job skills upgrading
- Skilled instructors
- Career guidance,
- On the job experience
- Certificate of Proficiency
- Preparation of state/national board certifications

**BUTTE COUNTY LIBRARY-LITERACY AND READING PROGRAMS**

Provides programs such as adult reading, family literacy, and bilingual literacy programs

**LOCATION:**
1820 MITCHELL AVE
OROVILLE, CA 95966
530-538-7525

**FOUR WINDS INDIAN EDUCATION CENTER:**

Assist Native Americans through services such as family literacy and GED preparation, teen pregnancy prevention, cultural classes, and obesity prevention

**LOCATION:**
2345 FAIR STREET
CHICO, CA 95928

**OROVILLE ADULT EDUCATION:**

An educational and technical center that provides academic and vocational programs to youths and adults who want to succeed.
LOCATION:
78 TABLE MOUNTAIN
OROVILLE, CA 95966
www.orovilleadulted.com

SERVICES:

• ACADEMIC PROGRAMS: High school Diploma, GED program, computer applications, job readiness, ESL program, Adult Basic Education, Career Exploration.
• VOCATIONAL PROGRAM: Includes Office Technology, Computer Repair, A+ Certification, Medical Assistant, Certified Nurse Assistant, Accounting Clerk, Administrative Assistance, Business Apps, CAD, Welding.
• ESL/VESL/CITIZENSHIP: Class is for everyone, regardless of legal status and are open to all level.
• ARTS/HOBBIES: Programs are design for those who want to learn or master arts and crafts.
• DANCE/FITNESS: Classes to increase a healthier lifestyle.

PARADISE ADULT SCHOOL

The school offers the opportunities for adults to obtain the coursework that is equivalent to the highschool diploma. Students will study independently.

LOCATION:
622 PEARSON RD
PARADISE, CA 95969
530-872-6440
www.bcoe.org/home/districts/paradise.htm

THERMALITO FAMILY INVOLVEMENT AND LITERACY CENTER

The center provides family literacy programs and parent education classes for those involved. They also provide adult education, ESL classes, GED prep courses, and after school programs for children. The center has a resource library that can be access.
**LOCATION:**

2075 POPLAR AVE

OROVILLE, CA 95966

530-538-2950

**CHICO BEAUTY COLLEGE**

The school is an affiliation of Butte College. It provides training in the field of cosmetology.

**LOCATION:**

1356 LONGFELLOW DRIVE

CHICO, CA 95926

530-343-4201

**ONLINE DEGREES**

University of Phoenix www.phoenix.edu

DeVry University www.choosedevry.com

Remington College www.remingtoncollegeonline.edu

Everest College www.everestonline.edu

ITT Technical Institute www.itt-tech.edu

Greenville Technical College www.college-online.com

AIU www.aiuniv.edu

Westwood College www.westwood.edu

*If you want to do your own search online, you can go to www.onlinedegrees.com*
EMPLOYMENT

ONE-STOP COMMUNITY EMPLOYMENT CENTER

The One-Stop center provides classes in writing resumes and developing marketable skills that would allow individuals to succeed in the workforce. One must register in the One-stop center in order to utilize all their services.

LOCATION:

2445 CARMICHAEL DRIVE
CHICO, CA 95928
530-898-4364

78 TABLE MOUNTAIN BLVE
OROVILLE, CA 95966
530-538-7301
www.butteonestop.org

SERVICES:

- JOB SEARCH ASSISTANCE: Provide job listings, assist in the job search and provide job search strategies, and may offer direct referrals to employees
- RESUME SERVICE: Resume workshops are offered and computers are available of resume development. Copies of resumes are available and is printed out in resume paper, and it can be emailed or fax to employers.
- CUSTOMER SERVICE TRAINING: Classes that train frontline employees in customer service skills
- INTERVIEWING ASSISTANCE: Workshops are offered in assisting individuals with interviewing skills
- COMPUTER ACCESS: Computers are available to one-stop clients to use for employment-related activities
- TYPING CERTIFICATION: Typing certifications are available through testing
• RESOURCE MATERIALS: Books, booklet, brochures, are available for individuals
• PRINTER, PHONES, AND FAX SERVICES: These equipments are available to be used at no cost for employment purposes
• VOCATIONAL ASSESSMENT: Several career exploration tools are available for usage

CA EMPLOYMENT AND DEVELOPMENT DEPARTMENT (EDD)

The center provides services to those who have been dislocated from work.

LOCATION:
2348 BALDWIN AVE
OROVILLE, CA 95966
530-538-2228
www.edd.ca.gov

SERVICES:
• Job search workshops
• Resume databases
• Unemployment insurance
• Employer services

STATE DISABILITY INSURANCE

Provide wage benefits for individuals who are unable to work due to a disability, such as illness, injury, or a medically disabling condition that was caused from a pregnancy or from childbirth.

LOCATION:
645 SALEM ST
CHICO, CA 95928
800-480-3287
www.edd.ca.gov/Disability
CAMINAR-JOBS PLUS PROGRAM

The Jobs-Plus program, through Caminar, provides vocational services for individuals who have a disability. The services include job development, job placement, job coaching, and vocational evaluation. The program is focused on ensuring that individuals with disabilities can integrate back into the community. Caminar also assists those with mental illness and developmental disabilities.

LOCATION:
825 #A MAIN ST
CHICO, CA 95926
530-343-4472
www.caminarinc.org/but_index.asp

SERVICES:
- LIFE SKILLS: an independent living program
- JOBS PLUS: a supported employment program
- Access PLUS: a community based day program
- COMMUNITY ACTIVITY SUPPORT SERVICE (CASS): provides a personal attendant to assist in transportation and self-care programs
- FRIENDSHIP CIRCLES: socialization program
- SITUATIONAL ASSESSMENT: a vocational assessment program
- SENIOR TIES: a socialization program for seniors
- SUPPORTED HOUSING: a program developed to assist with affordable housing as well as employment

PRIVATE INDUSTRY COUNCIL OF BUTTE COUNTY, INC.

PIC provides job training and employment opportunities for those who are unemployed. PIC works in conjunction with the Dept of Employment Services, Butte College, ROP, Public Health, Behavioral Health, District Attorney, and One-Stop partners, to ensure that individuals are getting the assistance needed in order to succeed in the workforce.

LOCATION:
2445 CARMICHAEL DR
CHICO, CA 95928
530-895-4364
CALIFORNIA DEPARTMENT OF REHABILITATION

The DOR provide services such as job placement, training, counseling, testing, and other services to people with disabilities to ensure that they are able to obtain and retain employment as well as increase thier independance.

LOCATION:
470 RIO LINDA AVE #4
CHICO, CA 95926
530-895-5507
www.rehab.cahwnet.gov

SERVICES:
- VOCATIONAL REHABILITATION: counseling, guidance, referrals, job search, job placement, training, maintenance for costs, transportation, on-the-job assistance services, interpreter services, rehab and mobility services for the blind, occupational licenses, technical assistance for self-employed, rehab assistive technology, supported employment services, family services.
- BLIND SERVICES: services and programs for the blind
- BUSINESS ENTERPRISE PROGRAM: training program for the blind
- DEAF AND HARD OF HEARING: vocational rehabilitation services for those who are deaf or hard of hearing, or late deafened.
- ASSISTIVE TECHNOLOGY: A device that assist individuals with disabilities and a service that assists individual to select, obtain, and use the device
- TRANSPORTATION: provide transportation to those who requires it to access or participate in vocational rehabilitation services.
- INDEPENDENT LIVING: a program that assist individuals with disability in being independent without any barriers.

THE WELL MINISTRY OF RESCUE

Provide services to individuals who have drug addiction problems. Assist in training and job placements.

LOCATION:
2612 ESPLANADE
CHICO, CA 95973
530-343-1935
**TEMPORARY EMPLOYMENT AGENCIES**

(Listed below are agencies may be willing to accept felonies)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Address</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADECCO</td>
<td>240 W. East Ave Ste. A</td>
<td>530-343-5000</td>
<td><a href="http://www.adeccousa.com">www.adeccousa.com</a></td>
</tr>
<tr>
<td>EXPRESS EMPLOYMENT</td>
<td>60 Independent Circle</td>
<td>530-898-0688</td>
<td><a href="http://www.expresspros.com/us">www.expresspros.com/us</a></td>
</tr>
<tr>
<td>EXPRESS EMPLOYMENT</td>
<td>2351 Washington Ave</td>
<td>530-533-5800</td>
<td><a href="http://www.expresspros.com/us">www.expresspros.com/us</a></td>
</tr>
<tr>
<td>GITMAN AND ASSOCIATES</td>
<td>691 Fir Street</td>
<td>530-872-0948</td>
<td><a href="http://www.gitmanandassociates.com">www.gitmanandassociates.com</a></td>
</tr>
<tr>
<td>LABOR READY</td>
<td>2201 Pillsbury Rd</td>
<td>530-566-9675</td>
<td><a href="http://www.laborready.com">www.laborready.com</a></td>
</tr>
<tr>
<td>MANPOWER, INC</td>
<td>166 Eaton Road Suite C</td>
<td>530-345-9975</td>
<td><a href="http://www.manpower.com">www.manpower.com</a></td>
</tr>
<tr>
<td>PROFESSIONAL PERSONNEL</td>
<td>6457 Skyway</td>
<td>530-877-9600</td>
<td></td>
</tr>
<tr>
<td>RUSH PERSONNEL</td>
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<tr>
<td>SPHERION STAFFING</td>
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</table>
ONLINE JOB SEARCH SITES

Monster Jobs
http://jobsearch.monster.com

Job Smart
www.jobsmart.org

Best Jobs USA
www.bestjobsusa.com

Yahoo Hot Jobs
http://hotjob.yahoo.com

Indeed
www.indeed.com

Career Path
www.careerpath.com

Job Web
www.jobweb.org

Internet Career Connection
http://iccweb.com

Snag job
www.snagajob.com

US Department of Labor
www.dol.gov

Chico Help Wanted
www.chicohelpwanted.com

Job Bank USA
www.jobbankusa.com

Met crawler
www.metacrawler.com

Job Hunters Bible
www.jobhuntersbible.com

Chico Jobs
www.chicojobs.com

Help Wanted
www.helpwanted.com

Brass Ring
www.brassring.com

Job Trak
www.domtrak.ca/jobtrack.asp

Craig’s List
www.chico.craigslist.org
BUSINESSES THAT WILL HIRE FELONS

AAMCO Trans.           Coca Cola          Chicken
Ace Hardware            Coldwell Banker     K-Mart
Alamo Rent-A-Car        Compaq Computer     Kraft Foods
Alaska Airlines         ConAgra Foods       LaComida
Allied Van Lines        DAP Products        Macy’s
America West Airlines   Del Monte Foods     Mc Donald’s
American Airlines       Delta Airlines      MCI
American Express        Delta Faucets       Mobil Oil
American Greetings      Denny’s Inc         Nike
AM PM                    Dial Corp.          Pepsi
Anderson Windows        Dole Foods          Phillip Morris
Apple Computer          Dollar Rent-A-Car    Rush Personnel
AT&T                    Domino’s Pizza      Sara Lee
ARCO                    Dow Brands          Seven Up Inc.
Atlas Van Lines         Dunlop Tires         Shell Oil
Avis Rent-A-Car         DuPont Co.           Showtime Networks
Avon Products           Duracell            Sony
Bally’s                 Epson               Southwest Airlines
Baskin-Robbins          Express Personnel    Target
Best Foods              Exxon               TOGOS
Best Western            Federal Express     Toys R Us
BF Goodrich             Frito Lay           United Airlines
Black & Decker          Fruit Of the Loom    Verizon
Blue Cross/Blue Shield  Fuji Photo          Wal-Mart
Bridgestone/Firestone   Galoob Toys         Xerox
British Airways         General Electric     Yamaha Motors
Budget Rent-A-Car       General Mills       Zenith Electronics
Burger King             GMAC                Note: Check the local
Calvin Klein            Georgia-Pacific     phone directory for
Campbell Soup           Hanes Hosiery       addresses of any of
Canon USA               Hilton Hotels       these companies that
Carrier A/C             IBM                 may be within your
Casio Inc.              Jack in the Box     parole or probation
Cassidy’s               Kentucky Fried     region.
INFORMATION AND SERVICES

This section provides support services that you will need to contact to help you stay on the path for change. This section contains crisis services and a number of other services that can help you. Please do not hesitate to reach out and ask for help. If you cannot find help from one service do not give up and lose hope. This community does have people who care and want to help you. There are several faith based organizations listed within this section. Keep pressing on and reach out to these services for support.
Community Action Agency of Butte County, Inc. (CAA)

CAA serves as a catalyst to reduce poverty and its symptoms through:

- Providing quality services • Empowering individuals
- Developing resources • Collaborating with others
- Advocating on behalf of the economically and socially disadvantaged
- Improving the conditions in which people live, learn and work

LOCATIONS, HOURS, PHONE, E-MAIL:

CAA-Administration Office (Agency’s Mailing Address)
2255 Del Oro Ave, Oroville, CA 95965
(530) 538-7559; M-F 9am-12pm/1pm-4pm
Website: www.buttecaa.com
Info Email: adminrecept@buttecaa.com

CAA-Housing & Community Development Dept.
2640 S. 5th Avenue, Oroville, CA 95965
(530) 538-7534, M-F 8am-5pm
Services: Home Energy Improvements/Appliances/Weatherization, Utility Assistance (PG&E, Wood, Propane, etc.), Rehab & Construction

CAA-Food & Nutrition Dept. Office
2640 S. 5th Avenue, Suite 7, Oroville, CA 95965
(530) 538-7534, ext. 242, M-F 8am-5pm
Services: Senior Meals (Butte, Yuba & Sutter Counties-Congregate Site/Home Delivered Meals), Surplus Commodities, Food Bank
CAA-Esplanade House (Transitional Housing Program for Homeless Families)

181 E. Shasta Avenue, Chico, CA 95973

(530) 891-2977, M-F 8am-5pm

Services: Provides safe living environment for families to become stable and self sufficient, on-site childcare center for clients, Alcohol/Drug Program, Supportive Services

POPULATION SERVED: Low to Moderate Income Households

RESTRICTIONS, REFERRAL/DROP-INS, DOCUMENTATION NEEDED PRIOR TO ENTRY: Call or visit website for more info.

ACCESSIBILITY: All

FAITH BASED: n/a

COST: n/a
The Hope Center

GOAL OR MISSION STATEMENT: Community Transformation...one life at a time

LOCATION OR MAILING ADDRESS: 1950 Kitrick Ave, Oroville Ca 95966

HOURS: Tues – Thurs 10am – 3pm, Fri 1-3pm

CONTACT PERSON: Front Desk

PHONE: 530.538.8398 E-MAIL: haydenministries.org

POPULATION SERVED: Those in need

RESTRICTIONS: Those with excessive income levels need not apply

REFERRAL/DROP-INS: Welcome

DOCUMENTATION NEEDED PRIOR TO ENTRY: Their State I.D. card

ACCESSIBILITY: ambulatory and non-ambulatory

FAITH BASED: Yes, non-denominational

COST: None

DIRECT SERVICES: Free Food, Clothing, Life Skills Education, Parolee support group, and Self Harm (Cutters) support group, expungement seminars bi-monthly, once a month commodities giveaway (2nd Thursday of the month 10am – 12pm), first come first served. Hot meals served to the homeless on Tues & Thurs mornings 8am-10am, Friday lunch 11am – 1pm, and Saturday mornings 9am – 11am.
Northern Valley Catholic Social Service
Teenage Pregnancy and Parenting Program (TAPP)

Reaching out in care and love to those in need.

Northern Valley Catholic Social Service
10 Independence Cr
Chico, CA 95973

Office Hours: 8am-5pm

Contact Person: Diana Sanchez, Supervisor
530-345-1600, ext 2115 dsanchez@nvcss.org

POPULATION SERVED: Pregnant and/or Parenting teenagers in Butte County up to age 20 for girls and 21 for guys.

RESTRICTIONS: none
REFERRAL/DROP-INS: call or fax in referral and risk assessment (attached)
DOCUMENTATION NEEDED PRIOR TO ENTRY: referral form and risk assessment

ACCESSIBILITY: We are a home visiting, case management program.
FAITH BASED: None
COST: Free and voluntary services in Butte County

DIRECT SERVICES: We can assist our clients in obtaining services that pertain to them in their community. Case managers do monthly home visits with clients. We promote breastfeeding, general health, exercise and good nutrition, family planning, early and consistent prenatal care, well-child care, age-appropriate immunizations, school attendance when appropriate, education achievement, healthy lifestyle choices, healthy parent-child, and peer relationships. We work to help our clients prevent poor peri-natal outcomes, sexually transmitted infections, unplanned repeat pregnancy, HIV/AIDS, substance abuse, violence, and injury.
### Faith-Based Organizations

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Abundant Life Center</td>
<td>166 Eaton Rd, Chico, CA</td>
<td>530-891-7500</td>
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<tr>
<td>Aldersgate United Methodist</td>
<td>2869 Cohasset Rd., Chico, CA</td>
<td>530-893-8640</td>
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<tr>
<td>Assembly of God Church</td>
<td>1526 Humble Ave, Gridley, CA</td>
<td>530-846-2358</td>
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<tr>
<td>Assembly of God Church</td>
<td>434 E. Wood St. Willows, CA</td>
<td>530 934-5478</td>
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<tr>
<td>Bangor Community Church</td>
<td>7419 Oroville Bangor Hwy, Bangor, CA</td>
<td>530-679-2510</td>
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<tr>
<td>Bethel AME Church</td>
<td>821 Linden St., Chico, CA</td>
<td>530-679-2510</td>
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<tr>
<td>Bidwell Memorial Presbyterian</td>
<td>208 W. 1st St., Chico, CA</td>
<td>530-343-1484</td>
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<tr>
<td>Biggs Community Church</td>
<td>3079 5th St., Biggs, CA</td>
<td>530-868-5992</td>
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<td>Biggs United Methodist Church</td>
<td>441 C. St., Biggs, CA</td>
<td>530-868-5381</td>
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<tr>
<td>Calvary Baptist Church</td>
<td>1301 Broadway St, Chico, CA</td>
<td>530-342-6198</td>
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<td>Calvary Baptist Church</td>
<td>2377 Foothill Blvd, Oroville, CA</td>
<td>530-533-7320</td>
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<tr>
<td>Calvary Baptist Church</td>
<td>5850 Clark Rd, Paradise, CA</td>
<td>530-877-3381</td>
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<td>Calvary Baptist Church</td>
<td>730 Sycamore St., Gridley, CA</td>
<td>530-846-3189</td>
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<td>Calvary Lutheran Church</td>
<td>Edgewood Dr &amp; Foothill Blvd, Oroville, CA</td>
<td>530-533-5017</td>
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<td>Capay Assemblies of God</td>
<td>4th &amp; Linsay, Capay</td>
<td>530-865-3818</td>
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<td>Capay Community Friends Church</td>
<td>4th &amp; Moller, Capay</td>
<td>530-865-2806</td>
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<tr>
<td>Catholic Church of St. Thomas</td>
<td>1330 Bird St, Oroville, CA</td>
<td>530-533-0262</td>
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<td>Chico Unitarian Fellowship</td>
<td>1289 Filbert Ave, Chico, CA</td>
<td>530-343-1693</td>
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<tr>
<td>Christian Science Church</td>
<td>1940 Bird Street, Oroville, CA</td>
<td>530-533-1274</td>
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<td>Christian Science Church</td>
<td>6970 Clark Rd., Paradise, CA</td>
<td>530-877-4374</td>
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<td>Christian Science Church</td>
<td>770 Palmetto Ave, Chico, CA</td>
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<td>Church in the Wildwood</td>
<td>19082 New York Flat Rd., Forbestown, CA</td>
<td>530-675-2824</td>
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<td>Church of Christ</td>
<td>1181 Pearson Rd., Paradise, CA</td>
<td>530-877-7479</td>
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<tr>
<td>Church of Christ</td>
<td>615 A, Orland, CA</td>
<td>530 865-9821</td>
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<tr>
<td>Church of Christ</td>
<td>995 E Lassen Ave, Chico, CA</td>
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<td>Church of Christ of LDS</td>
<td>1450 E Lassen Ave, Chico, CA</td>
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<td>348 Spruce St, Gridley, CA</td>
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<tr>
<td>Church of Christ of LDS</td>
<td>735 W East Ave, Chico, CA</td>
<td>530-895-1973</td>
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<tr>
<td>Church of Christ of LDS</td>
<td>125 Modoc, Orland, CA</td>
<td>530 865-7309</td>
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<td>Church of Christ of LDS</td>
<td>800 N. Humbolt, Willows</td>
<td>530 934-4613</td>
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<td>Church of the Brethen</td>
<td>5885 Sawmill Rd, Paradise, CA</td>
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<tr>
<td>Church of Nazarene</td>
<td>216 N. Culver, Willows, CA</td>
<td>530 934-3702</td>
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<td>Community Church of God</td>
<td>1095 East Ave, Chico, CA</td>
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<td>Congregational Church of Chico</td>
<td>1190 E 1st Ave, Chico, CA</td>
<td>530-342-4913</td>
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<td>Country Bible Church</td>
<td>3rd &amp; Cutting Ave., Capay</td>
<td>530 865-2836</td>
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<td>Covenant Reformed Church</td>
<td>1877 Hooker Oak Ave, Chico, CA</td>
<td>530-345-2732</td>
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<tr>
<td>Durham Community- United Methodist</td>
<td>2404Durham Dayton Hwy, Durham, CA</td>
<td>530-342-2287</td>
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<tr>
<td>Eckankar</td>
<td>14711 Nimshew Rd, Magalia, CA</td>
<td>530-873-7774</td>
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<tr>
<td>Evangelical Free Church</td>
<td>3785 Olive Hwy, Orville, CA</td>
<td>530-533-6866</td>
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<td>614 A, Orland, CA</td>
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<td>5219 Church St, Richvale, CA</td>
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<td>955 Elliott Rd, Paradise, CA</td>
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<td>6268 County Rd. 12, Orland, CA</td>
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<td>2661 Yard St, Orville, CA</td>
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<td>2935 6th St., Biggs, CA</td>
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<td>First Church of the Nazarene</td>
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<td>1715 Bird St, Oroville, CA</td>
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<td>First Lutheran</td>
<td>333 Vine, Willows, CA</td>
<td>530 934-2140</td>
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<tr>
<td>First Presbyterian Church, Gridley</td>
<td>Gridley and Biggs</td>
<td>530-846-5952</td>
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<tr>
<td>First United Methodist Church</td>
<td>45 Acacia Ave, Oroville, CA</td>
<td>530-534-9455</td>
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<td>544 N. Shasta, Willows, CA</td>
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<td>Forest Ranch Baptist Church</td>
<td>4967 Schott Rd, Forest Ranch</td>
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<td>First Southern Baptist Church</td>
<td>112 N. Yolo, Willows, CA</td>
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<td>Good Shepherd Church</td>
<td>32 E. Walker, Orland</td>
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<td>Glenn Baptist Church</td>
<td>1840 Hwy 45, Glenn</td>
<td>530 934-3507</td>
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<td>Grace Baptist Church</td>
<td>3646 Oro Dam Blvd E, Oroville, CA</td>
<td>530-534-1456</td>
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<td>Grace Brethren Church</td>
<td>355 Panama Ave, Chico, CA</td>
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<td>Grace Lutheran Church</td>
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<tr>
<td>Gridley Christian Church</td>
<td>580 Washington, Gridley, CA</td>
<td>530-846-4002</td>
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<tr>
<td>Holy Trinity Church</td>
<td>556 E. Sycamore, Willows</td>
<td>530 934-3778</td>
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<tr>
<td>Indian Valley Assembly of God Jehovah’s Witnesses</td>
<td>4570 Lodoga Stonyford Rd, CA</td>
<td>530 936-3470</td>
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<tr>
<td>Jesus Center</td>
<td>1297 Park Ave, Chico, CA</td>
<td>530-345-2640</td>
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<tr>
<td>Lighthouse Mission</td>
<td>1275 Feather River Blvd, Oroville</td>
<td>530-534-7729</td>
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<tr>
<td>Magalia Community Church</td>
<td>13700 Skyway, Magalia, CA</td>
<td>530-877-7963</td>
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<td>Magalia Pines Baptist Church</td>
<td>14098 Skyway, Magalia, CA</td>
<td>530-873-9448</td>
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<tr>
<td>Mountain Chapel Assembly of God</td>
<td>66 Rockefeller Rd, Berry Creek, CA</td>
<td>530-589-0121</td>
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<tr>
<td>Orland Christian Church</td>
<td>635 A Orland, CA</td>
<td>530 865-4262</td>
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<td>Orland Southern Baptist Church</td>
<td>1202 Railroad Av., Orland, CA</td>
<td>530 865-2113</td>
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<td>Oroville Baptist Church</td>
<td>2715 Florence Ave, Oroville, CA</td>
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<td>1154 Plumas Ave, Oroville, CA</td>
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<td>Oroville Rescue Mission</td>
<td>4250 Lincoln Blvd, Oroville, CA</td>
<td>530-534-9541</td>
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<td>Oro-Vista Baptist</td>
<td>2275 Florence Ave, Oroville</td>
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<td>2290 Kenilworth Ave, Palermo, CA</td>
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<td>6491 Clark Rd, Paradise, CA</td>
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<td>Phase to Freedom</td>
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<td>Ridge Presbyterian Church</td>
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<td>Sacred Heart Catholic Church</td>
<td>1560 Hazel St, Gridley, CA</td>
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<td>Saint Augustine’s Episcopal Church</td>
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<td>Saint John’s Episcopal Church</td>
<td>2341 Floral Ave, Chico, CA</td>
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<tr>
<td>Salvation Army</td>
<td>700 Broadway Suite C, Chico,</td>
<td>530-342-2199</td>
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<tr>
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<td>Shasta District United Methodist</td>
<td>572 Rio Lindo Ave, #101 Chico, CA</td>
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<td>St Cyril &amp; Methodist Church</td>
<td>2956 Cohasset Rd. Chico, CA</td>
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<td>St. Dominic’s</td>
<td>822 A Orland, CA</td>
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<td>St. Monica’s</td>
<td>1129 W. Woods, Willows, CA</td>
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<td>Trinity Presbyterian Church</td>
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<td>653 N. Tehama, Willows, CA</td>
<td>Willows, CA</td>
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<tr>
<td>Willows Christian Church</td>
<td>200 S. Plumas, Willows, CA</td>
<td>Willows, CA</td>
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## Parenting, Child Care, Protective Services

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
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<tbody>
<tr>
<td>Big Brothers, Big Sisters</td>
<td>358 E. 6th St. Chico</td>
<td>530-343-8407</td>
</tr>
<tr>
<td>Butte County Children’s Services</td>
<td>2445 Carmichael Dr. Chico</td>
<td>530-538-7617, 1-800-400-0902, 1-800-268-8822</td>
</tr>
<tr>
<td>Butte County Dept of Child Support</td>
<td>1474 Meyers St. Oroville</td>
<td>530-538-7221, 1-866-515-5367</td>
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<tr>
<td>Butte County Public Health Dept. (Clinic)</td>
<td>695 Oleander Ave. Chico</td>
<td>530-879-3665</td>
</tr>
<tr>
<td>California Health Collaborative</td>
<td>2330 Bird St. Oroville</td>
<td>530-534-1933</td>
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<tr>
<td>Caminar – Butte County Region</td>
<td>825 #A Main St. Chico</td>
<td>530-343-4421</td>
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<tr>
<td>Chico Community Children’s Center</td>
<td>2224 Elm St. Chico</td>
<td>530-891-5363, 530-343-9349</td>
</tr>
<tr>
<td></td>
<td>1270 Eaton Rd. Chico</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Low-income Child Care</td>
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<tr>
<td>Greater Oroville Family Resource Center</td>
<td>2185 Baldwin Ave Oroville</td>
<td>530-895-9611</td>
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<tr>
<td>CUSC Young Parent Program</td>
<td>290 East Ave. Chico</td>
<td>530-891-3094</td>
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<td>Head Start Program</td>
<td>2603 Mariposa Ave. Chico</td>
<td>530-343-0633</td>
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<tr>
<td>Community Action Agency</td>
<td>2255 Del Oro Ave. Oroville</td>
<td>530-538-7559</td>
</tr>
<tr>
<td></td>
<td>*Esplanade House, Food &amp; Nutrition, Weatherization Program, Utility Payment Program, Affordable Housing</td>
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<tr>
<td>Northern Valley Catholic Services</td>
<td>10 Independence Circle Chico</td>
<td>530-345-1600, 1-800-339-8336</td>
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<td></td>
<td>*Cal-learn, CASA, Counseling, Housing Services, PSSF, TAPP</td>
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</tr>
<tr>
<td>Name</td>
<td>Address</td>
<td>Phone</td>
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<tr>
<td>Palermo Children’s Center</td>
<td>5737 Autrey Ln. Oroville</td>
<td>530-533-1560</td>
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<td>*Must meet state eligibility criteria.</td>
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<tr>
<td>Paradise Ridge Family Resource Center</td>
<td>62489 Skyway, Paradise</td>
<td>530-872-3896</td>
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<tr>
<td>Touchtone Perinatal Program</td>
<td>566 Cohasset Rd. Chico</td>
<td>530-898-8326</td>
</tr>
<tr>
<td>*Case mgt, pre-treatment, day treatment, aftercare services to women who are pregnant, post-partum, or are parenting at least one child and have a history of substance abuse.</td>
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</tr>
<tr>
<td>Valley Oak Children’s Services</td>
<td>287 Rio Lindo Ave. Chico</td>
<td>530-895-3572</td>
</tr>
<tr>
<td>2362 Lincoln St. Oroville</td>
<td></td>
<td>530-534-8458</td>
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<tr>
<td>1-800-345-8627</td>
<td></td>
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<tr>
<td>Wings of Eagles For Seriously Ill Children</td>
<td>PO Box 4031, Chico</td>
<td>530-893-9231</td>
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<tr>
<td>Mechoopda Indian Tribe</td>
<td>125 Mission Ranch Blvd. Chico</td>
<td>530-899-8922</td>
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# Veterans Services

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<tr>
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<tr>
<td>Butte County Veterans Service Office</td>
<td>196 Memorial Way, Chico</td>
<td>530-891-2759</td>
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<tr>
<td>Chico Veterans Center, US Dept. of Veterans Affairs</td>
<td>280 Cohasset Rd. Chico</td>
<td>530-899-8549</td>
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<tr>
<td>Vectors</td>
<td>171 Rio Lindo Ave, Chico</td>
<td>530-343-3040</td>
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*Outreach services to the veteran community, primarily the homeless, disabled and low-income vets. Offers temporary housing and job search assistance.*
## Violence, Anger Management, & Sexual Assault Services

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<tr>
<th>Service</th>
<th>Address</th>
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<tr>
<td><strong>Family Violence Educational Programs</strong></td>
<td>2261 St. George Lane, Chico Suites E and F</td>
<td>530-342-2566</td>
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<tr>
<td></td>
<td>1557 Myers St., Oroville</td>
<td>530-532-0630</td>
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<td>*Classes offered:</td>
<td></td>
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<tr>
<td></td>
<td>52 wk Batterers’ Program</td>
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<tr>
<td></td>
<td>32 wk DVOR</td>
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</tr>
<tr>
<td></td>
<td>12 wk/12 hr Anger management</td>
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<td></td>
<td>Chemical Dependency</td>
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<tr>
<td><strong>Catalyst</strong></td>
<td>330 Wall St. #40, Chico</td>
<td>1-800-895-8476</td>
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<tr>
<td></td>
<td>*24-hour crisis line, emergency shelter, food, counseling, legal assistance with restraining orders, resource and referrals, community education and training for victims of domestic violence and their families.</td>
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<tr>
<td><strong>Sabbath House – Jesus Center</strong></td>
<td>1297 Park Ave. Chico</td>
<td>530-345-2640</td>
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<td></td>
<td>*Women’s shelter 4:30 pm upstairs over Jesus Center</td>
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<tr>
<td><strong>New Beginnings Educational Program</strong></td>
<td>1370 Ridgewood Dr. #9, Chico</td>
<td>530-891-0973</td>
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<td>*Classes in Chico, Paradise, Oroville, Willows &amp; Orland.</td>
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<td><strong>Lone Mountain Institute</strong></td>
<td>95 Declaration #2, Chico</td>
<td>530-891-4251</td>
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<td>5796 Clark Rd. #4, Paradise</td>
<td>530-872-2130</td>
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<tr>
<td><strong>Rape Crisis Intervention</strong></td>
<td>2889 Cohasset Rd., Chico</td>
<td>530-891-1331</td>
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<td></td>
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<td>530-342-7273</td>
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<td>1-877-452-9588</td>
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## SUBSTANCE ABUSE & CRISIS LINE

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<td>Aids/HIV</td>
<td>1-800-874-2572</td>
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<tr>
<td>Aids Clinical Trials</td>
<td>1-800-232-4636</td>
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<tr>
<td>Aids Hotline</td>
<td>1-800-822-7422</td>
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<tr>
<td>Project Inform Hotline</td>
<td>1-877-783-4636</td>
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<tr>
<td>Aids Drug Assistance</td>
<td>1-877-783-4636</td>
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<tr>
<td>Aids/HIV/STD education info</td>
<td>530-895-6565</td>
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<tr>
<td>Early Intervention Project HIV+</td>
<td>530-538-6109</td>
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<tr>
<td>Al-Anon</td>
<td>1-888-425-2666</td>
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<tr>
<td>Al-teen</td>
<td>1-888-425-2666</td>
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<tr>
<td>Alcoholics Anonymous</td>
<td>530-342-5756</td>
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<td>ALCOHOLISM</td>
<td>1-800-356-9996</td>
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<td>Al-Anon Family Group</td>
<td>1-800-527-5344</td>
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<td>American Council On Alcoholism</td>
<td>1-800-821-4357</td>
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<tr>
<td>Alcohol and Drug Hotline</td>
<td>1-800-784-2433</td>
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<tr>
<td>California Youth Crisis Line</td>
<td>1-800-843-5200</td>
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<td>CHILDREN’S SERVICES</td>
<td>1-800-422-4453</td>
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<td>Child Abuse Hotline</td>
<td>1-800-426-5678</td>
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<td>Child Find of America</td>
<td>National</td>
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<td>Service</td>
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<td>California Youth Crisis</td>
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<td>-Battered Women’s Justice Project</td>
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<td>~Health Resource Center</td>
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<td>-National Resource ~Center on Domestic Violence</td>
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<td>Battered Women’s Center</td>
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<td>Elder Abuse</td>
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<td>DRUG ABUSE</td>
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<td>National Hotline</td>
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<td>HERE Program</td>
<td>24 Hour Youth Crisis</td>
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<td>Mental Health Information Line</td>
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<td>Youth mental health and suicide prevention</td>
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<td>Adult mental health and suicide prevention</td>
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<td>Service</td>
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<tr>
<td>NAR-ANON</td>
<td>Support for families and friends of drug addicts (ask for Boyd or Vicki)</td>
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<td>Narcotics Anonymous</td>
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<td>Poison Control</td>
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<td>Hepatitis Testing Referral</td>
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<td>Substance Abuse Treatment</td>
<td>All types of drug abuse</td>
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<td>Referral Line</td>
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<td>SUICIDE</td>
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<td>Boys Town National Hotline</td>
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<td>Women's Health America Group</td>
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<td>Rape Crisis</td>
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# Substance Abuse Services

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<tr>
<td>Aegis Medical Systems</td>
<td>590 Rio Lindo Ave, Chico</td>
<td>530-345-3491</td>
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<td>*Methadone detox and maintenance programs.</td>
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<tr>
<td>Alano Club</td>
<td>5991 Clark Rd, Paradise</td>
<td>530-872-7431</td>
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<tr>
<td></td>
<td>2471 Bird St, Oroville</td>
<td>530-534-9960</td>
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<tr>
<td>Alcoholics Anonymous</td>
<td>PO Box 1144, Chico</td>
<td>530-342-5756</td>
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<tr>
<td>Cherokee House</td>
<td>1341 Lincoln St, Oroville</td>
<td>530-533-5429</td>
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<tr>
<td>Chico Recovery Center</td>
<td>2057 Forest Ave, Suite 5, Chico</td>
<td>530-353-6566</td>
</tr>
<tr>
<td>Chico Community Counseling Center</td>
<td>500 Cohasset Rd, Suite 15, Chico</td>
<td>530-891-2945</td>
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<tr>
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<td>*Mental health assessments, psychiatric evaluations, psychological testing, substance abuse education and treatment, therapy, living skills, TRAC, COMPASS, chapter 26.5 evaluations and treatment.</td>
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<tr>
<td>DUI Solutions</td>
<td>645 Normal Ave, Chico</td>
<td>530-898-8333</td>
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<tr>
<td>Feather River Tribal Health</td>
<td>2145 5th Ave, Oroville</td>
<td>530-534-5394</td>
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<tr>
<td>Gridley Community Counseling Center</td>
<td>985 Spruce St, Gridley</td>
<td>530-846-7305</td>
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<td>Integrity House Ministry</td>
<td>1919 Mangrove Ave, Chico</td>
<td>530-891-1948</td>
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<tr>
<td>Al-Anon</td>
<td>Chico, CA</td>
<td>530-272-6287</td>
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<tr>
<td>Narcotics Anonymous</td>
<td>Northern CA – 24 hour meeting hotline</td>
<td>530-877-6361</td>
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<td>Oroville Adult Outpatient Center</td>
<td>18 County Center Drive, Oroville</td>
<td>530-538-7705</td>
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<td>Oroville Community Counseling Center</td>
<td>2858A Olive Hwy, Oroville</td>
<td>530-538-2158</td>
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<td><strong>Oroville Rescue Mission</strong></td>
<td>4250 Lincoln Blvd. Oroville</td>
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<tr>
<td></td>
<td>Men’s Shelter</td>
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<td>Women’s Shelter</td>
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<td>530-533-9120</td>
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<td>530-533-0351</td>
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<td><strong>Paradise Community Counseling Center</strong></td>
<td>5910 Clark Rd. Suite W Paradise</td>
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<td>*Mental Health Assessments, Psychiatric Evaluations, Psychological Testing, Substance Abuse education and treatment, Individual, family, and group therapy, Living Skills, 26.5 Evaluations and Treatment, TRAC (Treatment Referral Assessment Counseling) for children’s services</td>
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<td>530-872-6328</td>
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<td><strong>Prevention Education Program</strong></td>
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<td>530-891-6148</td>
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<td><strong>Right Road Recovery Program</strong></td>
<td>615 4th St. Corning</td>
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<td>530-824-7975</td>
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<td><strong>Skyway House</strong></td>
<td>564 Rio Lindo Ave, Chico</td>
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<td></td>
<td>530-898-8326</td>
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<td><strong>The Drop in Center</strong></td>
<td>109 Parmac Rd #2, Chico</td>
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<td>530-879-3311</td>
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<td><strong>Tri County Treatment Outpatient</strong></td>
<td>2740 Oro Dam Blvd. Suite C, Oroville</td>
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<td>3014 Olive Hwy Suite C, Oroville</td>
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<td>530-533-5104</td>
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<td><strong>Well Ministry of Rescue</strong></td>
<td>2612 Esplanade, Chico</td>
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<td>530-343-1935</td>
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<tr>
<td><strong>Salvation Army Rehabilitation Program</strong></td>
<td>13404 Browns Valley Dr. Chico</td>
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<td>530-342-2087</td>
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<tr>
<td>Services –Medical &amp; Dental</td>
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<td>Addus Healthcare</td>
<td>936 Mangrove, Chico</td>
<td>530-566-0405</td>
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<td>ARC of Butte County</td>
<td>2030 Park Ave, Chico</td>
<td>530-891-5865</td>
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<td>Must be referred from Far Northern Regional</td>
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<tr>
<td>American Lung Association</td>
<td>10 Landing Circle, Suite 1, Chico</td>
<td>530-345-5864</td>
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<td>Butte County Dept of Behavioral Health</td>
<td>109 Parmac Rd, Chico-main office Suite 2</td>
<td>530-891-2850</td>
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<td>Adult Services</td>
<td>Administration Crisis Intervention</td>
<td>530-891-2810</td>
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<td>800-334-6622</td>
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<td>Administration Crisis Intervention</td>
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<td>800-371-4373</td>
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<td>Butte County Office of Education</td>
<td>Partners in Health and Safety</td>
<td>530-532-5841</td>
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<td>Butte County Public Health Dept</td>
<td>STD Information Line</td>
<td>530-538-2075</td>
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<td>800-641-0015</td>
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<td>Butte Community College</td>
<td>Disabled Student Program And Services</td>
<td>530-895-2455</td>
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<td>Butte County Public Health Dept</td>
<td>Public Health Clinics</td>
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<tr>
<td>Oleander Clinic</td>
<td>695 Oleander Ave, Chico</td>
<td>530-879-3665</td>
</tr>
<tr>
<td>Table Mountain Clinic</td>
<td>78 Table Mountain Blvd, Oroville</td>
<td>530-538-7341</td>
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<td>530-538-7581</td>
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<td>Biggs –Gridley Memorial Hospital</td>
<td>240 Spruce, Gridley</td>
<td>530-846-5671</td>
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<td>Butte County Public Health Dept</td>
<td>HIV/STD/AIDS/Pregnancy Education and Prevention Projects</td>
<td>530-895-6565</td>
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<td>877-783-4636</td>
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<td>Butte County Public Health Dept</td>
<td>WIC Supplemental Food/Nutrition Program</td>
<td>530-891-2767</td>
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<td>530-538-7455</td>
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<td>Butte Home Health &amp; Hospice</td>
<td>10 Constitution, Chico</td>
<td>530-895-0462</td>
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<td>800-655-0462</td>
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<td>California Health Collaborative</td>
<td>1560 Humboldt Rd, #4 Chico</td>
<td>530-345-2483</td>
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<td>California State University</td>
<td>Disability Support Services 400 W. 1st Street, Chico</td>
<td>530-898-5959</td>
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<tr>
<td>Care-Net Pregnancy Center of Paradise</td>
<td>6189 Clark Rd, Paradise</td>
<td>530-876-1113</td>
</tr>
<tr>
<td>Caring Choices</td>
<td>Support For HIV/AIDS patients</td>
<td>530-864-0297</td>
</tr>
<tr>
<td>Caring for Women Pregnancy Resource Center</td>
<td>Center Hotline 2309 Lincoln Blvd, Oroville</td>
<td>530-532-9362</td>
</tr>
<tr>
<td>Center for Communication Disorders</td>
<td>CSU Chico</td>
<td>530-898-4379</td>
</tr>
<tr>
<td>Chico Surgery Unit</td>
<td>615 W East Ave, Chico, CA</td>
<td>530-895-1800</td>
</tr>
<tr>
<td>Community Comprehensive Care</td>
<td>1611 Feather River Blvd #10 Oroville, CA</td>
<td>530-534-4530</td>
</tr>
<tr>
<td>Del Norte Health Clinics</td>
<td></td>
<td></td>
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<tr>
<td>Chico Family Health Center</td>
<td>680 Cohasset Rd, Chico</td>
<td>530-342-4395</td>
</tr>
<tr>
<td>Oroville Family Health Center</td>
<td>2800 Lincoln Blvd, Oroville</td>
<td>530-534-7500</td>
</tr>
<tr>
<td>Oroville Family Dentistry</td>
<td>2800 Lincoln Blvd, Oroville</td>
<td>530-533-6484</td>
</tr>
<tr>
<td>Gridley Family Health Center</td>
<td>520 Kentucky St., Gridley</td>
<td>530-846-6231</td>
</tr>
<tr>
<td>Hamilton City Medical Clinic</td>
<td>231 Main St, Hamilton City</td>
<td>530-826-3694</td>
</tr>
<tr>
<td>Enloe Childrens Health Center</td>
<td>277 Cohasset Rd, Chico</td>
<td>530-332-6000</td>
</tr>
<tr>
<td>Enloe Home Care &amp; Hospice</td>
<td>1390 E. Lassen, Chico</td>
<td>530-332-6050</td>
</tr>
<tr>
<td>Enloe Medical Center</td>
<td>1531 Esplanade, Chico</td>
<td>530-332-7300</td>
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<tr>
<td>Feather River Health Center</td>
<td>5125 Skyway, Paradise</td>
<td>530-872-2000</td>
</tr>
<tr>
<td>Feather River Hospital</td>
<td>1295 Bille Rd, Paradise</td>
<td>530-877-8755</td>
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<tr>
<td>Feather River Hospital</td>
<td>5974 Pentz Rd, Paradise</td>
<td>530-877-9361</td>
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<tr>
<td>Feather River Outpatient Center</td>
<td>6283 Clark Rd. #4 Paradise, CA</td>
<td>530-872-2436</td>
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<tr>
<td>Gridley Family Care Center</td>
<td>284 Spruce St, Gridley</td>
<td>530-846-9080</td>
</tr>
<tr>
<td>Gridley Family Health Center</td>
<td>520 Kentucky CA</td>
<td>530-846-6231</td>
</tr>
<tr>
<td>Health Families Valley Oak Children Services</td>
<td></td>
<td>530-895-3572 888-747-1222</td>
</tr>
<tr>
<td>Home Health Care Management</td>
<td>1398 Ridgewood Dr, Chico AIDS Case Management</td>
<td>530-343-0727</td>
</tr>
<tr>
<td>Magalia-Pines Family Medical Clinic</td>
<td>14662 Skyway, Magalia CA</td>
<td>530-873-1676</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Mountain Caregivers Resource Center</th>
<th>2491 Carmicheal Dr, Chico</th>
<th>530-898-5925 800-822-0109</th>
</tr>
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<tbody>
<tr>
<td>Northern California AIDS Consortium</td>
<td>680 Rio Lindo, Chico</td>
<td>530-342-7898</td>
</tr>
<tr>
<td>Northern Valley Indian Health</td>
<td>845 West East Ave, Chico</td>
<td>590-896-9400</td>
</tr>
<tr>
<td>Oroville Hospital</td>
<td>2767 Olive HWY Oroville, CA</td>
<td>530-533-8500</td>
</tr>
<tr>
<td>Orthopedic Assoc of No California</td>
<td>1600 Esplanade # C Chico, CA</td>
<td>530-897-4500</td>
</tr>
<tr>
<td>Paradise Hospice</td>
<td>1289 Billie Rd, Paradise</td>
<td>530-877-8755</td>
</tr>
<tr>
<td>Paradise Walk In Medical Clinic</td>
<td>7321 Skyway Paradise, CA</td>
<td>530-876-8120</td>
</tr>
<tr>
<td>Peg Taylor Center</td>
<td>124 Parmac, Chico</td>
<td>530-342-2345</td>
</tr>
<tr>
<td>Planned Parenthood</td>
<td>3100 Cohassett</td>
<td>530-342-8367 800-230-7526</td>
</tr>
<tr>
<td>Skypark Walk-in Medical Center</td>
<td>2485 Notre Dame Blvd # 230 Chico, CA</td>
<td>530-899-9500</td>
</tr>
<tr>
<td>Twin Oaks Health &amp; Rehab Center</td>
<td>1200 Springfield DR Chico, CA</td>
<td>530-342-4885</td>
</tr>
<tr>
<td>Women’s Health Specialists</td>
<td>1469 Humboldt Rd #200, Chico</td>
<td>530-891-1911</td>
</tr>
<tr>
<td>Women’s Resource Clinic</td>
<td>115 W. 2nd Ave, Chico</td>
<td>530-897-6101</td>
</tr>
</tbody>
</table>
Food Baskets and Assistances

Chico Food Resources

Community Action Agency of Butte County
1492 East Avenue
(530) 538-7158
Surplus Giveaway on the 2nd Wed
10am to 11:30am

Catholic Ladies Relief
Chico Community Food Lockers
1386 Longfellow
(530) 895-8331

Jesus Center
1297 Park Avenue
(530) 345-2640
Food Pantry: Tues @ 3pm
Meals: Mon-Fri 7:30-8:30am and 3:30-4:30pm
Saturdays 7:30-8:30am and 2:30-3:30pm

Salvation Army of Chico
567 E. 16th Street
(530) 342-1871
Bring proof of ID, SSN, and residency for food basket

Seventh Day Adventist Church
1877 Hooker Oak Avenue
(530) 345-7777
Food Giveaway: Tues 9am to 12pm

Oroville Food Resources

Community Action Agency of Butte County
(530) 538-7559 (call for giveaway dates)
Surplus Commodity Giveaway
Corner of Lincoln & Elgin (VFW Hall)

Cherokee House
2041 Fogg Avenue
(530) 534-3663
Thurs after 3pm & Fri after 9am

Father’s House
2661 Elgin Street
(530) 534-4140
Mon 1-2pm

Greater Oroville Homeless Coalition
(530) 534-6017
Call for requests and availability

The Hope Center
1950 Kitrick Avenue, Building A
(530) 538-8398
Call for food pantry and meal times

Jordan’s Crossing
7582 Irwin
(530) 534-1382

Mountain Chapel
120 Squirrel Lane
(530) 589-0121 and (530) 589-2020

New Life Church
2111 Meyers Street
(530) 538-9916 and (530) 693-8388
Saturday between 8am and 11am

Oroville Rescue Mission
4250 Lincoln Blvd
(530) 533-9120
Call for availability
Oroville Salvation Army  
1640 Washington Avenue  
(530) 534-7155  
Call for availability

Paradise Food Resources

First Baptist Church of Paradise  
6500 Clark Road  
(530) 877-3532  
Food baskets 11am to 1pm  
Call for availability

Help for People  
5533 Skyway  
(530) 872-4357  
Food baskets Tues & Thurs 9am to 3:30pm  
Call for availability

Paradise Seventh Day Adventist Church  
5720 Academy Drive  
(530) 872-9548  
Food baskets Tues 8:30am to 11:30am  
Call for availability

Salvation Army of Paradise  
6177 Skyway  
(530) 872-1534  
Food baskets Mon, Wed, Fri 9am to 12pm  
Call for availability

Paradise Ridge Family Resource Center  
6249 Skyway  
(530) 872-3896  
Call for availability
TWELVE STEP MEETINGS

This section includes schedules for individuals interested in twelve step recovery meetings. The twelve step meetings provide friends who have a common interest in the recovery process. These meetings are designed to help you find support systems and a way to stay sober and healthy.

The meetings also focus on families and provide a healthy environment to find new associations to reach out to and ask for help. To get out and stay out of jail or prison will require you to ask for help and give help. The mutual sharing of experience, strength and hope at meetings releases us from individual isolation and loneliness. You will receive strength from their strength and hopes, believing that if they can heal so can you.
Alanon Family Groups

The Alanon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength and hope in order to solve their common problems. We believe alcoholism is a family illness and that changed attitudes can aid in recovery.

Monday
6:30 pm - Alanon - (park/enter @ back door) - 1720 Daryl Porter Way (Oroville)
7:30 pm - Alanon - (pre-school building) - 1190 E. First Ave. (Chico)

Tuesday
7:00 pm - Alanon - 7786 Skyway Blvd (Paradise)
7:30 pm - Alanon - (pre-school building) - 1190 E. First Ave. (Chico)

Wednesday
9:00 am - Alanon - Rm 5 - 295 E. Washington Ave (Chico)
6:00 pm - (church) - 789 Bille Rd. (Paradise)
7:30 pm - Alanon - (church) - 544 N. Shasta (Willows)

Thursday
12:00 pm - Serenity Lunch (Women's) - By The Kitchen - 1190 E. 1st Ave (Chico)
12:00 pm - Alanon - (POA) - 14211 Wycliff Way (Magalia)
12:00 pm - Alanon - (by kitchen, women) - 1190 E. First Ave. (Chico)

Friday
12:00 pm - Alanon - (Alano Club) - 7786 Skyway Blvd (Paradise)

Sunday
12:00 pm – 14211 Wycliff Way (POA) (Magalia)
3:00 pm – Paradise Alanon – 7786 Skyway (Paradise)
3:00 pm - Rm. 5 - 295 E. Washington Ave. (Chico)
7:00 pm – 295 E. Washington Ave. (Men’s) (Chico)
Alcoholics Anonymous

All meetings are 1 hour long unless noted and non-smoking unless otherwise stated. All meetings are open for A.A. members, families, relatives, and friends except for closed meetings. The meetings listed here are for the Butte and Glenn County areas.

<table>
<thead>
<tr>
<th>Monday</th>
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<tbody>
<tr>
<td><strong>Chico</strong></td>
</tr>
<tr>
<td>6:30 am - Jump Start Meeting - Chico Central - 1114 Mangrove</td>
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<tr>
<td>8:00 am - Chico Central - 1114 Mangrove</td>
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<tr>
<td>12:00 pm - Chico Central - 1114 Mangrove (90 min)</td>
</tr>
<tr>
<td>12:00 pm - Mom's - 2555 Zanella Way Ste F (90 min)</td>
</tr>
<tr>
<td>5:30 pm - Chico Central - 1114 Mangrove</td>
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<tr>
<td>5:30 pm - Mom's - 2555 Zanella Way Ste F</td>
</tr>
<tr>
<td>7:00 pm - Welcome Back - Church basement - 435 Chestnut St.</td>
</tr>
<tr>
<td>7:00 pm - Chico Central - 1114 Mangrove Ave</td>
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<tr>
<td>5:30 pm - Chico Central - 1114 Mangrove</td>
</tr>
<tr>
<td>5:30 pm - Mom's - 2555 Zanella Way Ste F</td>
</tr>
<tr>
<td>7:00 pm - Welcome Back - Church basement - 435 Chestnut St.</td>
</tr>
<tr>
<td>7:00 pm - Chico Central - 1114 Mangrove Ave</td>
</tr>
<tr>
<td>7:30 pm - Mon Closed – (rear bldg) - 566 E. Lassen Ave. (90 min) CLOSED MEETING</td>
</tr>
<tr>
<td>8:00 pm - Mom's - 2555 Zanella Way Ste F</td>
</tr>
<tr>
<td><strong>Corning</strong></td>
</tr>
<tr>
<td>12:00 pm - behind church - 783 Solano St.</td>
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<tr>
<td>7:00 pm - Corning AA - behind church - 783 Solano St.</td>
</tr>
<tr>
<td><strong>Durham</strong></td>
</tr>
<tr>
<td>7:30 pm - Monday Night - 2404 Durham-Dayton Hwy</td>
</tr>
<tr>
<td><strong>Forbestown</strong></td>
</tr>
<tr>
<td>7:00 pm - Stumble In Group - church - 19082 New York Flat Road</td>
</tr>
<tr>
<td><strong>Magalia</strong></td>
</tr>
<tr>
<td>12:00 - Living Sober – 13734 Skyway</td>
</tr>
<tr>
<td>7:00 pm - By The Book - 14115 Lakeridge Cir</td>
</tr>
<tr>
<td><strong>Orland</strong></td>
</tr>
<tr>
<td>8:00 pm - Monday Night - 1187 E. South St.</td>
</tr>
</tbody>
</table>
Oroville
6:30 am - Early Bird Fellowship - Front door - 2185 Baldwin St.
12:00 pm - Lake Oroville Fellowship - 2471 Bird St.
7:00 pm - Lake Oroville Fellowship - 2471 Bird St.

Paradise
6:00 am - 12 x 12 Study - Paradise Central - 5074 Clark Rd.
7:00 am - Paradise Central - 5074 Clark Rd.
12:00 pm - Paradise Central - 5074 Clark Rd. (90 min) (smoke breaks)
12:00 pm - Living Sober - 8792 Skyway
7:30 pm - Paradise Central - 5074 Clark Rd.
8:00 pm - Big Book Study - Alano Club - 7786 Skyway

Berry Creek
7:00 pm - Chain of Grace - 60 Whispering Chapel Ln.

Chico
6:30 am - Jump Start Meeting - Chico Central - 1114 Mangrove
8:00 am - Chico Central - 1114 Mangrove
12:00 pm - Mom's - 2555 Zanella Way Ste F (90 min)
12:00 pm - Chico Central - 1114 Mangrove (90 min)
5:00 pm - CSU Chico - Sylvester's Cafe - 411 W. 1st St.
5:30 pm - Chico Central - 1114 Mangrove
5:30 pm - Mom's - 2555 Zanella Way Ste F
7:00 pm - LGBTQ - Suite 5 - 2889 Cohasset Rd. (cross st. Cameo)
7:00 pm - Chico Central - 1114 Mangrove Ave
7:00 pm - Big Book Study - (church) - 295 E. Washington
8:00 pm - Mom's - 2555 Zanella Way Ste F
8:00 pm - Candlelight - (church) - 667 E. First Ave, Rm 8

Corning
12:00 pm - Corning AA - behind church - 783 Solano St.
7:00 pm - Book Study - behind church - 783 Solano St.

Gridley
7:00 pm - Gridley Fellowship - (svc. ctr.) - 284 Spruce St.

Magalia
12:00 pm – Step Study - (comm. ctr.) – 13734 Skyway CLOSED MEETING

Oroville
6:30 am - Early Bird Fellowship - Front door - 2185 Baldwin St.
12:00 pm - Lake Oroville Fellowship - 2471 Bird St.
6:30 pm - Women’s Meeting (church) - 1321 Robinson St. CLOSED MEETING
7:00 pm - Spkr./Disc. - Lake Oroville Fellowship - 2471 Bird St.

**Paradise**
7:00 am - Paradise Central - 5074 Clark Rd.
10:30 pm – Women’s Meeting – 7786 Skyway (90 min) CLOSED MEETING
12:00 pm - Paradise Central - 5074 Clark Rd. (90 min) (smoke breaks)
12:00 pm - Step Study - 8792 Skyway CLOSED MEETING
6:00 pm - Women’s Meeting - 5074 Clark Rd. CLOSED MEETING
7:30 pm - Paradise Central - 5074 Clark Rd.
8:00 pm – Unmanageables - (church) - 5872 Oliver Rd.

**Willows**
7:00 pm - Newcomer's BB Study - (church) - 544 N. Shasta

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### Wednesday

**Chico**
6:30 am - Jump Start Meeting - Chico Central - 1114 Mangrove
8:00 am - Chico Central - 1114 Mangrove
12:00 pm - Mom's - 2555 Zanella Way Ste F (90 min)
12:00 pm - Chico Central - 1114 Mangrove (90 min)
5:30 pm – Women’s Meeting – (enter on Flume) - 285 E. 5th St. CLOSED MEETING
5:30 pm - Chico Central - 1114 Mangrove
5:30 pm - Mom's - 2555 Zanella Way Ste F
7:00 pm - Chico Central - 1114 Mangrove Ave
8:00 pm - Mom's - 2555 Zanella Way Ste F
8:00 pm – Wed-Lassen – (rear bldg) – 566 E. Lassen CLOSED MEETING

**Corning**
12:00 pm - Corning AA - behind church - 783 Solano St.

**Los Molinos**
7:00 pm - Wed. Night - (Senior Ctr.) - 25199 Josephine

**Magalia**
12:00 pm - Potpurri - (Comm. ctr.) - 13734 Skyway
7:00 pm - Newcomer's Spkr/Disc - (Comm. ctr.) - 13734 Skyway

**Oroville**
6:30 am - Early Bird Fellowship - Front door - 2185 Baldwin St.
12:00 pm - Lake Oroville Fellowship - 2471 Bird St.
5:30 pm – Brothers in Sobriety – 2471 Bird St. CLOSED MEETING
8:00 pm - Lake Oroville Fellowship - 2471 Bird St.

Paradise
7:00 am - Paradise Central - 5074 Clark Rd.
11:00 am - 12 x 12 Study - Alano Club - 7786 Skyway
12:00 pm - Potpourri - 8792 Skyway
12:00 pm - Paradise Central - 5074 Clark Rd. (90 min) (smoke breaks)
5:30 pm – Men’s Closed – 7786 Skyway CLOSED MEETING
6:00 pm - 12 x 12 Study - Paradise Central - 5074 Clark Rd.
7:30 pm - Paradise Central - 5074 Clark Rd.
8:00 pm - High And Dry (Spkr/Disc) - Alano Club - 7786 Skyway

Thursday

Chico
6:30 am - Jump Start Meeting - Chico Central - 1114 Mangrove
8:00 am - Chico Central - 1114 Mangrove
12:00 pm - Chico Central - 1114 Mangrove (90 min)
12:00 pm - Mom's - 2555 Zanella Way Ste F (90 min)
5:30 pm - Chico Central - 1114 Mangrove
5:30 pm - Mom's - 2555 Zanella Way Ste F
7:00 pm - Chico Central - 1114 Mangrove Ave
8:00 pm - Miracles - (church) - 2341 Floral Ave.
8:00 pm - Mom's 12 x 12 Study - 2555 Zanella Way Ste F
8:00 pm – Serenity Cowboys (enter on Flume) – 285 E. 5th St. CLOSED MEETING

Corning
12:00 pm - Corning AA - behind church - 783 Solano St.
5:00 pm - Womens - behind church - 783 Solano St.
7:00 pm - Mens - behind church - 783 Solano St.

Gridley
7:00 pm - Gridley Fellowship - 284 Spruce St

Magalia
12:00 pm – Disc. Today - (comm. ctr.) – 13734 Skyway

Orland
8:00 pm - AA Meeting - 1187 E. South St.

Oroville
6:30 am - Early Bird Fellowship - Front door - 2185 Baldwin St.
12:00 pm - Lake Oroville Fellowship - 2471 Bird St.
6:30 pm - Feather River Fellowship - Alano Club - 2471 Bird St.
8:00 pm - Big Book Lake Oroville Fellowship - 2471 Bird St.

**Paradise**
7:00 am - Paradise Central - 5074 Clark Rd.
11:00 am - Big Book - 7786 Skyway
12:00 pm - Disc. Today - 8792 Skyway
12:00 pm - Paradise Central - 5074 Clark Rd. (90 min) (sb)
5:00 pm - Happy, Joyous & Free - Alano Club - 7786 Skyway
6:00 pm – Men’s Meeting – Paradise Central – 5074 Clark Rd. CLOSED MEETING
6:30 pm - Women's Open Step Study - Church - Oliver & Skyway - 5872 Oliver Rd
7:30 pm - Paradise Central - 5074 Clark Rd.

**Stonyford**
6:30 pm - AA Meeting - 302 Market Street

**Willows**
7:00 pm – Came to Believe – behind church - 1129 West Wood St.

**Friday**

**Chico**
6:30 am - Jump Start Meeting - Chico Central - 1114 Mangrove
8:00 am - Chico Central - 1114 Mangrove
12:00 pm - Chico Central - 1114 Mangrove (90 min)
12:00 pm - Mom's - 2555 Zanella Way Ste F (90 min)
5:30 pm - Chico Central - 1114 Mangrove
5:30 pm - Mom's - 2555 Zanella Way Ste F
7:00 pm - Vintage AA - (church) - 2341 Floral Ave.
7:00 pm - Chico Central - 1114 Mangrove Ave
7:30 pm - Young People's - (church) - 295 E. Washington (75 min)
8:00 pm - Mom's - 2555 Zanella Way Ste F (90 min)
8:00 pm - Serenity Soldiers - ARP - 13404 Browns Valley Dr.

**Cohasset**
6:30 pm - Reflections - 10155 Cohasset Rd.

**Corning**
12:00 pm - Corning AA - behind church - 783 Solano St.
7:00 pm - Corning AA - behind church - 783 Solano St.

**Gridley**
7:00 pm - Gridley Fellowship-Spkrr/Disc - (svc. ctr.) - 284 Spruce St.
Magalia
12:00 pm – Big Book – (Comm. Ctr.) – 13734 Skyway CLOSED MEETING

Oroville
6:30 am - Early Bird Fellowship - Front door - 2185 Baldwin St.
12:00 pm - Lake Oroville Fellowship - 2471 Bird St.
8:00 pm - Lake Oroville Fellowship - 2471 Bird St.
8:00 pm - Late Night Early Birds - 2185 Baldwin St.

Paradise
7:00 am - Paradise Central - 5074 Clark Rd.
12:00 pm - Paradise Central - 5074 Clark Rd. (90 min) (smoke breaks)
5:30 pm - Women's Open Meeting - 7786 Skyway
7:30 pm - Paradise Central - 5074 Clark Rd.
8:00 pm - Living Sober Study - Alano Club - 7786 Skyway
8:00 pm – Candlelight – (church) – 5660 Scottwood CLOSED MEETING
10:00 pm - Friday Night Live - Paradise Central - 5074 Clark Road

Willows
7:00 pm - Willows Group - (church) - 544 N. Shasta

Chico
6:30 am - Jump Start Meeting - Chico Central - 1114 Mangrove
8:00 am – Chico Central – 1114 Mangrove
10:30 am - 11th Step - 1190 E. 1st Ave.
12:00 pm - Mom's - 2555 Zanella Way Ste F (90 min)
12:00 pm - Chico Central - 1114 Mangrove (90 min)
2:00 pm - Women's Meeting - Chico Central - 1114 Mangrove
5:30 pm - Mom's - 2555 Zanella Way Ste F
5:30 pm - Chico Central - 1114 Mangrove
7:00 pm - Chico Central Young People in AA - 1114 Mangrove Ave
8:00 pm - Saturday Nite Live - (church) - 295 E. Washington (75 min)
8:00 pm - Mom's - 2555 Zanella Way Ste F (90 min)
10:00 pm - CHICYPAA - Mom's - 2555 Zanella Way Ste F

Cohasset
12:00 pm - Reflections - 10155 Cohasset Rd.

Corning
12:00 pm - Corning AA - behind church - 783 Solano St.
7:00 pm - Corning AA - behind church - 783 Solano St.

Saturday
Magalia
12:00 pm – Speaker/Disc. – (Comm. Ctr.) – 13734 Skyway

Oroville
9:00 am – Brothers in Sobriety – 2471 Bird St. CLOSED MEETING
12:00 pm - Lake Oroville Fellowship - 2471 Bird St.
1:30 pm - Back to the 40s Book Study - 2185 Baldwin Ave
8:00 pm - Lake Oroville Fellowship - 2471 Bird St.

Paradise
7:00 am - Paradise Central - 5074 Clark Rd.
11:00 am - Women's Open - Alano Club - 7786 Skyway
12:00 pm - Paradise Central - 5074 Clark Rd.
12:00 pm - Speaker/Disc. - 8792 Skyway
7:30 pm - Paradise Central - 5074 Clark Rd. (90 min) (smoke breaks)

Sunday

Chico
6:30 am - Jump Start Meeting-Chico Central - 1114 Mangrove
9:00 am - God Squad - (inclement weather) - 1190 East 1st Ave (75 min)
9:15 am - God Squad - in the park (campfire ring) - (75 min)
12:00 pm - Chico Central - 1114 Mangrove (90 min)
12:00 pm - Mom's Big Book Study - 2555 Zanella Way Ste F (90 min)
2:00 pm – (Women's) Chico Central – 1114 Mangrove CLOSED MEETING
5:30 pm - Living Sober Study - Mom's - 2555 Zanella Way Ste F (90 min)
5:30 pm - Chico Central - 1114 Mangrove
7:00 pm - New Life - (enter on Flume) - 285 E. 5th St. (75 min)
8:00 pm - Mom's - 2555 Zanella Way Ste F (90 min)

Corning
1:00 pm - Corning AA - behind church - 783 Solano St.
7:00 pm - Open Meeting - behind church - 783 Solano St.

Gridley
7:00 pm - 12X12 Study - (svc. ctr.) - 284 Spruce St.

Orland
6:00 pm - Big Book/Step Study - 1187 E. South St.

Oroville
6:30 am - Early Bird Fellowship - Front door - 2185 Baldwin St.
9:00 am - Early Bird Serenity (spkr. disc.) - 2185 Baldwin St.
12:00 pm - Lake Oroville Fellowship - 2471 Bird St.
5:00 pm – Women’s Meeting – 2471 Bird St. CLOSED MEETING
7:00 pm - 12x12 Study - Lake Oroville Fellowship - 2471 Bird St.

Paradise
7:00 am - Paradise Central - 5074 Clark Rd.
11:00 am – Sunday Morning Serenity – 7786 Skyway CLOSED MEETING
12:00 pm - Paradise Central - 5074 Clark Rd. (90 min) (smoke breaks)
6:00 pm - Big Book Study - Paradise Central - 5074 Clark Rd.
7:00 pm - Sunday Evening AA - 7786 Skyway
7:30 pm - Candlelight - Paradise Central - 5074 Clark Rd.

Willows
3:00 pm - Step Study 12x12 - Church - 544 N. Shasta
Alcohólicos Anónimos

Juntas duran 1 hora y no se permite fumar a menos de que estén indicadas de otra manera. Todas las juntas están abiertas para miembros de A.A., familias, parientes, y amigos a excepción de juntas cerradas. Las juntas enumeradas aquí están en los condados de Butte y Glenn.

**Monday/Lunes**
- 7:00 pm - AA en Accion - 9830 Broadway St. - Live Oak (90 min)
- 7:00 pm – AA – detras de la iglesia - 1129 West Wood St. - Willows

**Tuesday/Martes**
- 7:00 pm - AA en Accion - 9830 Broadway St. - Live Oak (90 min)
- 7:00 pm - Un Futuro Mejor - Iglesia (a traves de la tienda) - 32 E. Walker - Orland (90 min)

**Wednesday/Miércoles**
- 7:00 pm - Un Nuevo Camino - 1061 Hazel St. - Gridley (90 min)
- 7:00 pm - Grupo Chico - Iglesia - 435 Chestnut - Chico (90 min)
- 7:00 pm – AA – detras de la iglesia - 1129 West Wood St. - Willows

**Thursday/Jueves**
- 7:00 pm - Un Nuevo Camino - 1061 Hazel St. - Gridley (90 min)
- 7:00 pm - Un Futuro Mejor - Iglesia (a traves de la tienda) - 32 E. Walker - Orland (90 min)

**Friday/Viernes**
- 6:00 pm - AA en Accion - 9830 Broadway St. - Live Oak (90 min)
- 7:00 pm - Grupo Chico - Iglesia San Juan Bautista - 435 Chestnut - Chico (90 min)

**Saturday/Sábado**
- 7:00 pm - Un Nuevo Camino - 1061 Hazel St. - Gridley (90 min)
- 7:00 pm - AA en Accion - 9830 Broadway St. - Live Oak (90 min)

**Sunday/Domingo**
- 7:00 pm - Un Nuevo Camino - 1061 Hazel St. - Gridley (90 min)
Narcotics Anonymous

N.A. is a nonprofit fellowship or society of men and women for whom drugs had become a major problem and who meet regularly to help each other stay clean. N.A. is not interested in what or how much you used but only in what you want to do about your problem and how they can help.

<table>
<thead>
<tr>
<th>Monday</th>
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</thead>
<tbody>
<tr>
<td><strong>Biggs</strong></td>
</tr>
<tr>
<td>7:00 pm – Biggs NA – 441 C St. @ 5th St. (TD/SB)</td>
</tr>
<tr>
<td><strong>Chico</strong></td>
</tr>
<tr>
<td>12:00 pm – Chico Unified Group – 2109 Esplanade, Suite #120 (JFT/NS)</td>
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<tr>
<td>7:00 pm – Chico Unified Group – 2109 Esplanade, Suite #120 (TD/NS)</td>
</tr>
<tr>
<td>7:00 pm – Spiritual Reality Group – Unitarian Church – 1289 Filbert Ave. (C/BS/NS)</td>
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<tr>
<td><strong>Colusa</strong></td>
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<tr>
<td>7:00 pm – Spanish NA – 1956 Hwy 20 (OR/NS)</td>
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<tr>
<td><strong>Corning</strong></td>
</tr>
<tr>
<td>12:00 pm – Corning NA Group – St. Andrews Episcopal Congregational Church – 820 Marin St. (TD/NS)</td>
</tr>
<tr>
<td>7:00 pm – Corning NA Group – St. Andrews Episcopal Congregational Church – 820 Marin St. (Open)</td>
</tr>
<tr>
<td><strong>Orland</strong></td>
</tr>
<tr>
<td>7:00 pm – Mustard Seed Group – 653 A St. (Addicts Only/TD/SB)</td>
</tr>
<tr>
<td><strong>Oroville</strong></td>
</tr>
<tr>
<td>12:00 pm – Oroville NA Group – 890 Oro Dam Blvd. Ste. A (TD/OD)</td>
</tr>
<tr>
<td>5:30 pm – Hole In The Wall Group – 3291 Burlington St. #1 (Church) (TD/OD)</td>
</tr>
<tr>
<td>During the summertime meet at the MLK Park-End of B St.</td>
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<tr>
<td>6:00 pm – Oroville NA Group – 890 Oro Dam Blvd. Ste. A (TD/SB)</td>
</tr>
<tr>
<td>7:00 pm – Sisters in Serenity Group – Library Conference Room – 1820 Mitchell Ave. (Women Addicts Only/BS/SB/SPK) 2nd Monday is a speaker meeting.</td>
</tr>
<tr>
<td>9:00 pm – Oroville NA Group – 890 Oro Dam Blvd. Ste. A (O/OD/TD)</td>
</tr>
<tr>
<td><strong>Palermo</strong></td>
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<tr>
<td>5:00 pm – Palermo NA – Palermo Baptist Church – 2290 Kenilworth Ave (TD/OD)</td>
</tr>
<tr>
<td><strong>Paradise</strong></td>
</tr>
<tr>
<td>7:00 pm – Monday Night Group – Paradise Senior Center – 877 Nunneley Rd. (SPK/NSb)</td>
</tr>
</tbody>
</table>
Tuesday

Chico
12:00 pm – Chico Unified Group – 2109 Esplanade, Suite #120 (JFT/NS)
5:30 pm – Sí Se Puede – 2109 Esplanade, Ste. 120 (BS)
5:30 pm – Discover & Recover Group – The Jesus Center – 1297 Park Ave (BS/NS)
6:30 pm – Starting Over – 2920 Esplanade (JFT/NS/TD)
7:00 pm – Chico Unified Group – 2109 Esplanade, Suite #120 (TD/NS)

Colusa
6:00 pm – We’re Not Alone – 162 East Carson St. Ste. A (SPK)

Corning
7:00 pm – Corning NA Group – St. Andrews Episcopal Congregational Church – 820 Marin St. (TD)

Gridley
7:00 pm – Gridley Group – 955 Spruce St. (TD/NS)

Orland
7:00 pm – Mustard Seed Group – 653 A St. (Women/STS/SB)

Oroville
12:00 pm – Oroville NA Group – 890 Oro Dam Blvd. Ste. A (TD/NS)
5:30 pm – Hole In The Wall Group – 3291 Burlington St. #1 (TD/OD)
   During the summertime meet at the MLK Park-End of B St.
6:00 pm – Oroville NA Group – 890 Oro Dam Blvd. Ste. A (TD/SB)
7:00 pm – Back to Basics Group – 1684 Robinson St. (Addicts Only/NS)

Paradise
7:00 pm – Tuesday Night Book Study Group – Paradise Senior Center – 877 Nunneley Rd. (BS/NS)

Stirling City
7:00 pm – NA Stirling City – 17056 Skyway Community Center – Red Barn Building (IWHW)

Wednesday

Chico
12:00 pm – Chico Unified Group – 2109 Esplanade, Suite #120 (JFT/NS)
6:00 pm – Chico Unified Group – 2109 Esplanade, Suite #120 (W/STS/BS/NS)
8:00 pm – Chico Unified Group – 2109 Esplanade, Suite #120 (TD/NS)

Corning
7:00 pm – Corning NA Group – St. Andrews Episcopal Congregational Church – 820 Marin St. (TD)

**Gridley**
7:00 pm – We Need Each Other Group – 410 Jackson St. @ Magnolia (TD/NS)

**Orland**
6:00pm – Teen Meeting Group – The Grange (Downstairs) – Hwy 32 (Teen/OD/NS)
7:00 pm – Orland Group – CRC Bldg. – 1187 County Rd. #200 (TD/SB)

**Oroville**
12:00 pm – Oroville NA Group – 890 Oro Dam Blvd. Ste. A (TD/NS)
5:30 pm – Hole In The Wall Group – 3291 Burlington St. #1 (TD/OD)
   During the summertime meet at the MLK Park-End of B St.
6:00 pm – Oroville NA Group – 890 Oro Dam Blvd. Ste. A (TD/SB)
7:00 pm – Members Only Group – Feather River Tribal Health – 2145 5th Ave (Addicts Only/SPK)

**Palermo**
5:00 pm – Palermo NA – Palermo Baptist Church – 2290 Kenilworth Ave (TD/OD)

**Paradise**
7:00 pm – Wednesday Night Book Study Group – Paradise Senior Center – 877 Nunneley Rd. (IWHW/BS/SB)

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**Thursday**

**Chico**
12:00 pm – Chico Unified Group – 2109 Esplanade, Suite #120 (JFT/NS)
6:00 pm – Chico Unified Group – 2109 Esplanade, Suite #120 (M/TD/NS)
6:30 pm – Well... I’m Done Group - #26 Lost Dutchman’s Dr. (behind Well Restaurant) (JFT/NS)
7:00 pm – Getting Started Group – 2920 Esplanade (between Shasta and Lassen) (IWHW/BS)
8:00 pm – Chico Unified Group – 2109 Esplanade, Suite #120 (TD/NS)

**Corning**
7:00 pm – Corning NA Group – St. Andrews Episcopal Congregational Church – 820 Marin St. (TD)

**Gridley**
7:00 pm – Thursday Night Group – Hazel @ Washington St. (SB/JFT)

**Magalia**
7:00 pm – Burning Desire Group – the old Red Firehouse – 13734 Old Skyway (SPK/TD/NS)
   *1st Thursday is Birthday Night*

**Oroville**
7:00 am – Early Birds – Thermalito Grange – 479 Plumas Ave (NS)
12:00 pm – Oroville NA Group – 890 Oro Dam Blvd. Ste. A (TD/NS)
5:30 pm – Hole In The Wall Group – 3291 Burlington St. #1 (TD/OD)
During the summertime meet at the MLK Park-End of B St.

6:00 pm – Oroville NA Group – 890 Oro Dam Blvd. Ste. A (TD/SB)

Paradise
12:00 pm – Hope On The Hill Group – 7th Day Adventist Church in the Youth Center – 5720 Academy Dr (JFT/NS)

Willows
5:00 pm – Basic Recovery – Glenn County Office of Education – 311 S. Villa St. (Teen)
7:00 pm – Basic Recovery – Glenn County Office of Education – 311 S. Villa St. (Addicts Only)

Friday

Chico
12:00 pm – Chico Unified Group – 2109 Esplanade, Suite #120 (JFT/NS)
5:30 pm – Bidwell Group – Bethel AME Church – Linden St. @ 9th St. (Hwy 32) (TD/SPK/BS)
6:30 pm – Chico Unified Group – 2109 Esplanade, Suite #120 (TD/YP)
8:00 pm – Chico Unified Group – 2109 Esplanade, Suite #120 (TD/NS) * 1st Friday is a Birthday Meeting

Corning
7:00 pm – Corning NA Group – St. Andrews Episcopal Congregational Church – 820 Marin St. (TD) *Last Friday is a Birthday Meeting

Gridley
7:00 pm – Forever Clean Group – 410 Jackson St. @ Magnolia (TD/SS)

Orland
7:00 pm – Mustard Seed Group – 653 A St. (TD/SB)

Oroville
12:00 pm – Oroville NA Group – 890 Oro Dam Blvd. Ste. A (TD/NS)
5:30 pm – Hole In The Wall Group – 3291 Burlington St. #1 (TD/OD)
       During the summertime meet at the MLK Park-End of B St.
6:00 pm – Oroville NA Group – 890 Oro Dam Blvd. Ste. A (TD/SB)

Palermo
5:00 pm – Palermo Group – Palermo Baptist Church – 2290 Kenilworth Ave (JFT)

Paradise
7:00 pm – Stick-to-Recovery – St. Nicholas Church – Skyway @ Oliver Rd. (TD/NS)

Saturday

Biggs
7:00 pm – Biggs NA – 441 C St. @ 5th St. (TD/SB)

Chico
12:00 pm – Chico Unified Group – 2109 Esplanade, Suite #120 (JFT/NS)
7:00 pm – Chico Unified Group – 2109 Esplanade, Suite #120 (TD/YP)

**Orland**
7:30 pm – Orland Group – CRC Bldg. – 1187 County Rd. #200 (TD/NSB)

**Paradise**
10:00 am – Breakfast Club Group – Cozy Diner – 6371 Skyway (SPK/NS/RESTAURANT)
7:00 pm – It’s Over When It’s Over Group – Cozy Diner – 5665 Scottwood Rd. @ Pearson Rd. (JFT/NS/RESTAURANT)

**Oroville**
2:00 pm – Oroville NA Group – 890 Oro Dam Blvd. Ste. A (TD/NS)
5:30 pm – Hole In The Wall Group – 3291 Burlington St. #1 (TD/OD)
   During the summertime meet at the MLK Park-End of B St.
7:00 pm – Oroville NA Group – 890 Oro Dam Blvd. Ste. A (BS/SB)
9:00 pm – Oroville NA Group – 890 Oro Dam Blvd. Ste. A (OD/SPK/TD/CL/SB)

**Palermo**
5:00 pm – Palermo Group – Palermo Baptist Church – 2290 Kenilworth Ave (JFT)

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**Sunday**

**Chico**
12:00 pm – Chico Unified Group – 2109 Esplanade, Suite #120 (JFT/NS)
7:00 pm – Chico Unified Group – 2109 Esplanade, Suite #120 (TD/NS)

**Gridley**
7:00 pm – Gridley Group – 410 Jackson St. (TD/NS) *1st Sunday of the Month is Birthday Meeting @ Veama Park 5:00 pm to 8:00 pm

**Orland**
4:00 pm – Mustard Seed Group – Carnegie Hall – 912 3rd St. (TD/SB) *No court cards signed.

**Oroville**
12:00 pm – A Simple Program – 1820 Mitchell Ave (JFT/TD/NK)
4:00 pm – Hole In The Wall Group – 3291 Burlington St. #1 (TD/OD)
   During the summertime meet at the MLK Park-End of B St.
7:00 pm – Oroville NA Group – 890 Oro Dam Blvd. Ste. A (BS/SB)
7:00 pm – Clean & Serene – Hewitt Park (O/Frisbee Format)

**Paradise**
7:00 pm – Craig Memorial Congregational Groups – 5665 Scottwood Rd. @ Pearson Rd. (CC/TD/NS)
   Men’s Group – Main Church Basement
   Women’s Meeting – Peace in the Pines – In Day Care Center, Behind Church
### Description of Meetings Legend

<table>
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<tr>
<th>Letter</th>
<th>Description</th>
<th>Code</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>O</td>
<td>Open</td>
<td>IWHW</td>
<td>It Works How and Why</td>
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<tr>
<td>C</td>
<td>Closed</td>
<td>IP</td>
<td>Information Pamphlet</td>
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<tr>
<td>W</td>
<td>Women’s</td>
<td>Q&amp;A</td>
<td>Question and Answer</td>
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<td>M</td>
<td>Men’s</td>
<td>OR</td>
<td>Open Rap</td>
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<td>Y</td>
<td>Youth</td>
<td>NS</td>
<td>Non-Smoking</td>
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<td>PRI</td>
<td>Prison Recovery Issues</td>
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<td>Smoking</td>
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<td>SPK</td>
<td>Speaker</td>
<td>SB</td>
<td>Smoke Break</td>
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<td>TD</td>
<td>Topic Discussion</td>
<td>CC</td>
<td>Child Care</td>
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<tr>
<td>BS</td>
<td>Book Study</td>
<td>NC</td>
<td>New Comer</td>
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<tr>
<td>SS</td>
<td>Step Study</td>
<td>RI</td>
<td>Relationship Issues</td>
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<tr>
<td>TS</td>
<td>Tradition Study</td>
<td>NK</td>
<td>No Kids</td>
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<tr>
<td>JFT</td>
<td>Just For Today</td>
<td>CL</td>
<td>Candlelight</td>
</tr>
</tbody>
</table>
Public Library and Museum Locations

LIBRARIES

Butte County Library
1108 Sherman Avenue, Chico, CA - (530) 891-2762

Butte County Library
1820 Mitchell Avenue, Oroville, CA - (530) 538-7641

Butte County Library
5922 Clark Road, Paradise, CA - (530) 872-6320

County of Butte Libraries: Biggs Library
464 B Street, Biggs, CA - (530) 868-5724

County of Butte Libraries: Gridley Library
299 Spruce Street, Gridley, CA - (530) 846-3323

County of Butte Libraries: Durham Library
2545 Durham-Dayton Highway, Durham, CA - (530) 879-3835

County of Butte Library Administration: Adult Reading Program-Literacy Services
1820 Mitchell Avenue, Oroville, CA - (888) 538-7198

Butte County Public Law Library
1675 Montgomery Street, Oroville, CA - (530) 538-7122
# Museums ~ Chico area

<table>
<thead>
<tr>
<th>Museum Name</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alta Schmidt House Museum</td>
<td>936 Fourth Street, Orland</td>
<td>865-2724</td>
</tr>
<tr>
<td></td>
<td>5570 Black Olive Drive, Paradise</td>
<td>877-7919</td>
</tr>
<tr>
<td><strong>open April thru November</strong></td>
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</tr>
<tr>
<td>Depot Museum</td>
<td>5570 Black Olive Drive, Paradise</td>
<td>877-7919</td>
</tr>
<tr>
<td><strong>Gateway Science Museum</strong></td>
<td>CSU Chico</td>
<td>898-4121</td>
</tr>
<tr>
<td><strong>Bidwell Mansion State Historical Park</strong></td>
<td>525 The Esplanade, Chico</td>
<td>895-6144</td>
</tr>
<tr>
<td><strong>Bolt's Antique Tool Museum</strong></td>
<td>1650- Broderick Street, Oroville</td>
<td>538-2528</td>
</tr>
<tr>
<td><strong>Gold Nugget Museum</strong></td>
<td>502 Pearson Road, Paradise</td>
<td>872-8722</td>
</tr>
<tr>
<td><strong>C. F. Lott Home in Sank Park</strong></td>
<td>1067 Montgomery St., Oroville</td>
<td>538-2497</td>
</tr>
<tr>
<td><strong>Honey Run Covered Bridge</strong></td>
<td>Honey Run Road - Butte Creek Canyon</td>
<td>891-1838</td>
</tr>
<tr>
<td><strong>Chinese Museum</strong></td>
<td>1500 Broderick St., Oroville</td>
<td>539.2496</td>
</tr>
<tr>
<td><strong>The Valene L. Smith Museum of Anthropology</strong></td>
<td>Meriam Library - CSU Chico</td>
<td>898-5397</td>
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<tr>
<td><strong>Colman Centerville Museum</strong></td>
<td>13548 Centerville Road, Chico</td>
<td>893-9667</td>
</tr>
<tr>
<td><strong>Pioneer Memorial Museum</strong></td>
<td>2332 Montgomery Street, Oroville</td>
<td>538-2497</td>
</tr>
<tr>
<td><strong>Chico Air Museum</strong></td>
<td>Chico Municipal Airport, Chico</td>
<td>345-6468</td>
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<tr>
<td><strong>Patrick Ranch</strong></td>
<td>10381 Midway, Chico</td>
<td>342-4359</td>
</tr>
<tr>
<td><strong>Chico Museum, The</strong></td>
<td>Chico Municipal Airport, Chico</td>
<td>345-6468</td>
</tr>
<tr>
<td>Stansbury House</td>
<td>307 West Fifth Street, Chico</td>
<td>895-3848</td>
</tr>
<tr>
<td><strong>Chine Museum</strong></td>
<td>141 Salem Street, Chico</td>
<td>891-4336</td>
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