

# Health Service Request Form

## EVENT INFORMATION

Event Name	<input type="text"/>		
Event Address	<input type="text"/>		
Event Date	<input type="text"/>	Day of Week	<input type="text"/>
Contact Name	<input type="text"/>	Sponsoring Organization	<input type="text"/>
Contact Phone	<input type="text"/>	Contact Email	<input type="text"/>
Set-up Time	<input type="text"/>	Start Time	<input type="text"/>
		End Time	<input type="text"/>
Expected # Audience	<input type="text"/>	Age Group	<input type="text"/>
		Target Audience	<input type="text"/>
Description of Event	<input type="text"/>		

## AVAILABLE PROGRAMS

Type of request:  In-person outreach  Printed materials  Both

### Div. Youth Wellness & Community Health

- |  |   |
|--|---|
| <input type="checkbox"/> MCH: Baltimore Infants & Toddler      | <input type="checkbox"/> HH: Asthma                   |
| <input type="checkbox"/> MCH: Adolescent & Reproductive Health | <input type="checkbox"/> HH: Lead                     |
| <input type="checkbox"/> CDP: Baltimarket Virtual Supermarket  | <input type="checkbox"/> YTS: Youth & Trauma Services |
| <input type="checkbox"/> CDP: Tobacco Education & Cessation    |   |

### Div. Aging & Community Support

- AS: Maryland Access Point
- AS: State Health Insurance Program (SHIP/SMP)
- COS: Family Caregivers
- CLS: Guardianship

### Div. Population Health & Disease Prevention

- |   |   |
|---|---|
| <input type="checkbox"/> LHIC: CharmCare  | <input type="checkbox"/> CRRS: Naloxone (Narcan) Training |
| <input type="checkbox"/> LHIC: Local Health Improvement Coalition                 | <input type="checkbox"/> CRRS: Needle Exchange Van        |
| <input type="checkbox"/> PHPR: Preparedness & Response                            | <input type="checkbox"/> CRRS: Harm Reduction Services    |
| <input type="checkbox"/> OP: Kids Off Drugs (Youth Overdose Prevention Education) | <input type="checkbox"/> HP: HIV/STI Prevention Education |
| <input type="checkbox"/> OH: Oral Health  | <input type="checkbox"/> HP: HIV/STI Testing              |

### Other Direct Community Partners

- |  |  |
|--|--|
| <input type="checkbox"/> Child & Family Success              | <input type="checkbox"/> Maryland Insurance Administration |
| <input type="checkbox"/> Civic Works                         | <input type="checkbox"/> MedStar Family Choice             |
| <input type="checkbox"/> Home Energy Program                 | <input type="checkbox"/> Green & Healthy Homes Initiative  |
| <input type="checkbox"/> DHCD Housing Programs               | <input type="checkbox"/> Baltimore City Cancer Program     |
| <input type="checkbox"/> HCAM Diabetes                       | <input type="checkbox"/> MIMA Immigrant Affairs            |
| <input type="checkbox"/> MedStar Colon/Lung Cancer Screening |  |
| <input type="checkbox"/> Water4All Assistance                |  |

**Availability is based on staffing, date and target population. Form only acts as a notification to the appropriate programs to request their participation. Requests for health services must be submitted at least 15 days in advance. Program participation is contingent upon staff availability and scheduling.**

**RECEIPT OF FORM DOES NOT GUARANTEE CONFIRMATION OF PARTICIPATION AT EVENT**

Requestor Signature \_\_\_\_\_ Date \_\_\_\_\_