



Health Services Request Form

Name		Date of Event	
Phone		Day of the Week	
Email		Sponsoring Organization	
Fax		Location of Event	
Please email request form or fax to: 410-396-1617 Contact:: Cassandra.Stewart@baltimorecity.gov 443-984-3996		Zip Code	
		Set-up Time	
		Beginning Time	
		Ending Time	
		Expected # Attendees	
		Brief Description of Event	
Adult, School, and Community Health: <input type="checkbox"/> Blood Pressure Testing <input type="checkbox"/> Geriatric Health <input type="checkbox"/> CARE Services <input type="checkbox"/> Virtual Supermarket Program (21201,21216, 21217, 21225, ONLY)		Healthy Homes: <input type="checkbox"/> Lead Poisoning <input type="checkbox"/> Asthma	
Chronic Disease Prevention and Navigation: <input type="checkbox"/> Tobacco Prevention/Use <input type="checkbox"/> Heart Health, Diabetes, Stroke <input type="checkbox"/> Safety/Injury Prevention <input type="checkbox"/> ReThink Your Drink (Sugary Drink Info)		Health Care Access & Constituent Services Resources: <input type="checkbox"/> Access to Health Care and Related Services in Baltimore City	
Clinical Services: <input type="checkbox"/> HIV/STD Testing <input type="checkbox"/> HIV/STD Information <input type="checkbox"/> Men's Health <input type="checkbox"/> Oral Health		Maternal and Child Health: <input type="checkbox"/> B'More Healthy Babies <input type="checkbox"/> Healthy Relationships <input type="checkbox"/> Healthy Teens/Young Adults (Pregnancy Prevention) <input type="checkbox"/> Immunizations (information only) <input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Male Involvement <input type="checkbox"/> Youth Violence Prevention/Safe Streets	
Risk Reduction/ Substance Abuse <input type="checkbox"/> Needle Exchange Van <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Overdose Prevention (Naloxone Training)		<input type="checkbox"/> Mental Health <input type="checkbox"/> Office of Emergency Preparedness and Response:	

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 30 days in advance**. Program participation is contingent upon staff availability and scheduling.

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

Requestor Signature _____ Date _____