

Health Service Request Form

EVENT INFORMATION

 Event Name

 Event Address

 Event Date

 Day of Week

 Contact Name

 Sponsoring Organization

 Contact Phone

 Contact Email

 Set-up Time

Start Time

End Time

 Expected # Audience

Age Group

Target Audience

 Description of Event

AVAILABLE PROGRAMS

Type of request: In-person outreach Printed Materials Both

Div. Youth Wellness & Community Health

MCH: Baltimore Infants & Toddler	CDP: Tobacco Free Baltimore
MCH: Immunizations	HH: Asthma
MCH: Adolescent & Reprod. Health	HH: Lead
	YTS: Youth & Trauma Services

Div. Population Health & Disease Prevention

PHCC: CharmCare	CRRS: Needle Exchange Van
PHPR: Preparedness & Response	CRRS: Harm Reduction Services
OP: Youth Overdose Education	HP: HIV/STI Prevention
	OH: Oral Health

Div. Aging & Care

AS: Maryland Access Point
AS: SHIP/SMP
COS: Family Caregivers
CLS: Guardianship

Other Direct Community Partners

Social Services - Foster & Adoption	Maryland Insurance Administration
Child & Family Success	MedStar Family Choice
Civic Works	University of Maryland
Home Energy Program	

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 _____