**COMMUNITY HEALTH PROMOTION PROGRAM/MATERIALS REQUEST FORM**

**Return to: WEDCO District Health Department Please Contact Us: Community Health Promotion www.wedcohealth.org**

**Phone: 1-866-75-WEDCO**

**Requestor Information**

Organization:

Today’s Date:

Address: Phone:

Contact Name: Email:

**Program/Material Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Event Date(s): |  | Event Location: | Inside|Outside |

Event Time(s):

Est # of Participants:

Audience:

Event Type: Health Fair Presentation  Community Event

Type of Program (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: *Home Health* *Clinic Staff*  *Community Health Promotion* *Environmental*

Equipment Provided (please list):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment Needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Alternative Date/Site: |  |

Form Received – Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment/Material Provided – Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness – Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_



**WEDCO District Health Department and Home Health Agency**

Serving Harrison, Nicholas, Scott Counties (and Bourbon County for Home Health)

Created: 11/4/13 Updated: 8/29/18