

COMMUNITY HEALTH PROMOTION PROGRAM/MATERIALS REQUEST FORM



Return to: April Thomas, MPH
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Requestor Information

Organization: _____ Today's Date: _____

Address: _____ Phone: _____

Contact Name: _____ Email: _____

Program/Material Information

Event Date(s): _____ Event Location: _____

Event Time(s): _____ Est # of Participants: _____ Audience: _____

Describe Event: _____

Type of Program/Materials (please circle): *General Health Department Info*

Home Health Info Environmental Health Info County Health Center (Clinics) Info

Community Health Programming & Planning (i.e. Obesity, Substance Use & Abuse, Chronic Disease, Child Neglect & Abuse, STD & Teen Pregnancy, etc)

If other, please list: _____

Thank
you!

Form Received – Initial: _____ Date: _____

Equipment/Material Provided – Initial: _____ Date: _____

Witness – Initial: _____ Date: _____

Equipment/Material Returned – Initial: _____ Date: _____

Witness – Initial: _____ Date: _____