

COMMUNITY HEALTH PROMOTION PROGRAM/MATERIALS REQUEST FORM



Return to: WEDCO District Health Department
Community Health Promotion

Please Contact Us:
Terrice.may@ky.gov
502-735-4533

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: Clinic Staff *Community Health Promotion* *Environmental*

Equipment Provided (please list): _____

Equipment Needed: _____

Alternative Date/Site: _____

Thank
you!

Form Received – Initial: _____ Date: _____

Equipment/Material Provided – Initial: _____ Date: _____

Witness – Initial: _____ Date: _____