



# Health Services Request Form

Name		Date of Event	
Phone		Day of the Week	
Email		Sponsoring Organization	
Fax		Location of Event	
<b>Rain Date:</b>  <b>Please email request form or fax to 410-396-1617</b>  <b>Contact:</b> <a href="mailto:Cassandra.Stewart@baltimorecity.gov">Cassandra.Stewart@baltimorecity.gov</a> 443-984-3996		Zip Code	
		Set-up Time	
		Beginning Time	
		Ending Time	
		Expected # Attendees	
		Age Group	
		Target Audience	
		Brief Description of Fair (meal provided for vendors)	

<b>Adult, School, and Community Health:</b> <input type="checkbox"/> Blood Pressure Testing <input type="checkbox"/> Field Health Van <input type="checkbox"/> Geriatric Health	<b>Healthy Homes:</b> <input type="checkbox"/> Lead Poisoning Information <input type="checkbox"/> Lead Testing
<b>Chronic Disease Prevention:</b> <input type="checkbox"/> Needle Exchange Van <input type="checkbox"/> Smoke Free Bus <input type="checkbox"/> Tobacco Prevention/Use	<b>Healthy Start:</b> <input type="checkbox"/> Breast Feeding <input type="checkbox"/> Childcare and Early Childhood Development <input type="checkbox"/> Healthy Relationships <input type="checkbox"/> Success By 6 Years <input type="checkbox"/> Transportation (To and from doctor appointments/center activities)
<b>Clinical Services:</b> <input type="checkbox"/> HIV/AIDS Info/Testing <input type="checkbox"/> Men's Health <input type="checkbox"/> Oral Health <input type="checkbox"/> STD Info/Testing	<b>Maternal and Child Health:</b> <input type="checkbox"/> Asthma <input type="checkbox"/> Baltimore City Health Clinic <input type="checkbox"/> Healthy Teens/Young Adults (Pregnancy Prevention) <input type="checkbox"/> Immunizations <input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> T.I.K.E. Van
<b>Environmental Health:</b> <input type="checkbox"/> Animal Control <input type="checkbox"/> BARCS (Baltimore Animal Rescue Center and Shelter Inc.) <input type="checkbox"/> Ecology and Institutional Services <input type="checkbox"/> Food Control <input type="checkbox"/> Vector Control (Rat Rubout)	<input type="checkbox"/> Mental Health:  <input type="checkbox"/> Office of Emergency Preparedness and Response:
<b>Health Care Access:</b> <input type="checkbox"/> MCHP (Uninsured) <input type="checkbox"/> Children with Special Needs (Literature)	<input type="checkbox"/> Substance Abuse:

Availability is based on staffing, date and target population. Form only acts as a notification to the appropriate programs to request their participation. Program participation is contingent upon staff availability and scheduling.

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