



Health Services Request Form

Name		Date of Event	
Phone		Day of the Week	
Email		Sponsoring Organization	
Fax		Location of Event	
Please email request form or fax to: 410-396-1617 Contact:: Cassandra.Stewart@baltimorecity.gov 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 ?)	
Adult, School, and Community Health: <input type="checkbox"/> Blood Pressure Testing <input type="checkbox"/> Field Health Van <input type="checkbox"/> Geriatric Health <input type="checkbox"/> CARE Services <input type="checkbox"/> Virtual Supermarket Program (21230,21205,21225,21205,21202 ONLY) <input type="checkbox"/> Senior Health Insurance Program (S.H.I.P.)		Healthy Homes: <input type="checkbox"/> Lead Poisoning Information <input type="checkbox"/> Bed Bugs (info) <input type="checkbox"/> Asthma	
Risk Reduction/Chronic Disease Prevention: <input type="checkbox"/> Needle Exchange Van <input type="checkbox"/> Smoke Free Bus <input type="checkbox"/> Tobacco Prevention/Use <input type="checkbox"/> Heart Health, Diabetes, Stroke (info)		Healthy Start: <input type="checkbox"/> Breast Feeding <input type="checkbox"/> Childcare and Early Childhood Development <input type="checkbox"/> Healthy Relationships <input type="checkbox"/> Male Involvement	
Clinical Services: <input type="checkbox"/> HIV/AIDS Info//Testing <input type="checkbox"/> Men's Health <input type="checkbox"/> Oral Health <input type="checkbox"/> STD Info/Testing <input type="checkbox"/> Oral and Colorectal Cancer Screening (CPEST)		Maternal and Child Health: <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	
Health Care Access: <input type="checkbox"/> Access to Health Care and Related Services in Baltimore City		<input type="checkbox"/> Mental Health <input type="checkbox"/> Office of Emergency Preparedness and Response:	
Environmental Health: <input type="checkbox"/> Ecology and Institutional Services <input type="checkbox"/> Food Control		<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**

Requestor Signature _____ Date _____