



Tarrant County Public Health
Chronic Disease Prevention

Community Service Request Form

Thank you for your interest in providing health outreach in our community! We will carefully consider each request, but priority is given to those organizations which will help us reach our strategic goals towards creating a healthier Tarrant County. In most cases, we will not be able to confirm participation until two months or less from the event date. Please do not publicize our participation in your event until a confirmation notice from our office is received. For more information, please contact our office at (817) 321-4710.

WE ASK THAT YOUR REQUEST BE MADE AT LEAST SIX WEEKS PRIOR TO THE EVENT

Date of request:	EVENT Date:	EVENT Time:	
Requesting Organization:			
Event Address:		City:	Zip:
Contact Person:		Title:	
Email:	Phone:	Fax:	

SERVICES REQUESTED (please check one per date of service being requested):			
<input type="checkbox"/> Asthma	<input type="checkbox"/> How To Talk To Your Doctor	<input type="checkbox"/> General or <input type="checkbox"/> Women Only	
<input type="checkbox"/> Diabetes Prevention	<input type="checkbox"/> Kids Growing Healthy (Series Class for fifth grade students)		
<input type="checkbox"/> Diabetes Awareness for Kids	<input type="checkbox"/> Move & Groove (Physical Activity)	<input type="checkbox"/> Sickle Cell Disease	
<input type="checkbox"/> Health Literacy (Providers only)	<input type="checkbox"/> Nutrition (Label Reading)	<input type="checkbox"/> Nutrition (Fruits and Veggies)	
<input type="checkbox"/> Heart Health Awareness	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Tobacco Awareness	
<input type="checkbox"/> Living with Diabetes	<input type="checkbox"/> Stress Awareness and Management for Physical Health		
<input type="checkbox"/> Living with Heart Disease	<input type="checkbox"/> Take Charge - Live Well (Chronic Disease Self Management - 6 weeks)		

Classes with Screening (check if you would like to have screenings with the class): 18 and older for screenings			
<input type="checkbox"/> High Blood Pressure Awareness & Prevention	<input type="checkbox"/> High Blood Pressure Screening	<input type="checkbox"/> Weighing on Wellness Weight and Health	<input type="checkbox"/> Weighing on Wellness BMI Screening

PLEASE PROVIDE GENERAL INFORMATION ABOUT THOSE WHO WILL BE RECEIVING SERVICES:		
Expected Attendance (Number):		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age Range:	
Race or Ethnicity (Check all that apply):		
<input type="checkbox"/> African-American	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Asian-American or Pacific Islander	<input type="checkbox"/> Caucasian/White	
<input type="checkbox"/> Other (please list)		

ADDITIONAL EVENT INFORMATION:		
Number of times event has taken place:	Number of people served:	
Event will be held: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Meal Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parking/Security Pass needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Provided: <input type="checkbox"/> DVD <input type="checkbox"/> Electrical Outlet <input type="checkbox"/> TV <input type="checkbox"/> VCR <input type="checkbox"/> Laptop Computer <input type="checkbox"/> LCD Projector		
Any additional information:		

Please return via email to gkredeemer@tarrantcounty.com OR fax to 817-321-5338 OR mail to: Tarrant County Public Health, 1101 South Main, Fort Worth, TX 76104 (Attention: Glenda Redeemer).

For internal use only:

Received:	Entered:	Approved:
Assigned: <input type="checkbox"/> SW <input type="checkbox"/> KL <input type="checkbox"/> CT <input type="checkbox"/> MP <input type="checkbox"/> GK Confirmed:		