



## Chronic Disease Prevention Community Service Request Form

### Public Health

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. Please do not publicize our participation until a confirmation notice from our office has been received.

**For more information, please contact our office at (817) 370-4565.**

**WE ASK THAT YOUR REQUEST BE MADE AT LEAST SIX WEEKS PRIOR TO THE CLASS/EVENT DATE**

<b>Date request submitted:</b>	<b>Class/Event Date:</b>	<b>Class/Event Start/End Time:</b>
<b>Requesting Organization:</b>		
<b>Address (where class is to be held, include Room #/Room name):</b>	<b>City:</b>	<b>Zip:</b>
<b>Contact Person:</b>	<b>Title:</b>	
<b>Email:</b>	<b>Phone:</b>	

<b>Please indicate request type:</b>	
<input type="checkbox"/> Class/Education Program <input type="checkbox"/> Virtual <input type="checkbox"/> In-Person	<input type="checkbox"/> Health Event/Fair <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors

<b>Class/Event Information Requested (For classes, select ONLY one per request, for events select ALL that apply):</b>		
<input type="checkbox"/> Asthma Prevention	<input type="checkbox"/> How To Talk To Your Healthcare Provider	<input type="checkbox"/> General <input type="checkbox"/> Women Only
<input type="checkbox"/> Diabetes Awareness (10-12 y/o)	<input type="checkbox"/> Kids Growing Healthy (Series Class for fifth grade students)	
<input type="checkbox"/> Diabetes Prevention	<input type="checkbox"/> Move & Groove (Physical Activity)	<input type="checkbox"/> Men's Health
<input type="checkbox"/> Heart Health Awareness	<input type="checkbox"/> Nutrition: Label Reading	<input type="checkbox"/> Nutrition: Fruits & Veggies
<input type="checkbox"/> Hypertension Basics	<input type="checkbox"/> Live Tobacco Free (4 weeks, adults only)	<input type="checkbox"/> Tobacco Awareness
<input type="checkbox"/> Living with Asthma	<input type="checkbox"/> Stress Awareness & Management	<input type="checkbox"/> Skin Cancer Prevention
<input type="checkbox"/> Living with Diabetes	<input type="checkbox"/> Weighing on Wellness (Obesity/Overweight)	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Living with Heart Disease	<input type="checkbox"/> Health For Me: Chronic Disease Self-Management Program (6 weeks)	
<input type="checkbox"/> Living with Hypertension	<input type="checkbox"/> Chronic Pain Self-Management Program (6 weeks)	
<input type="checkbox"/> Healthy Sleep	<input type="checkbox"/> Alzheimer's <input type="checkbox"/> 10 Warning Signs "or" <input type="checkbox"/> Healthy living for your brain and body	

<b>Screening requests with class:</b>	
<input type="checkbox"/> Blood Pressure Screenings (Heart Health, Heart Disease or Hypertension classes <b>ONLY</b> )	<input type="checkbox"/> BMI Screening

<b>Please provide information about those to receive services:</b>	
<b>Expected Attendance (Number):</b>	<b>Language(s):</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Age Range:</b>
<b>Race or Ethnicity (Check all that apply):</b>	
<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):	

<b>Additional Information:</b>	
<b>Parking/Security Pass needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Equipment Available:</b> <input type="checkbox"/> Table <input type="checkbox"/> 2 chairs <input type="checkbox"/> Electrical Outlet <input type="checkbox"/> Laptop Computer <input type="checkbox"/> LCD Projector
<b>Additional details/Comments:</b>	

**Please return via email to Keisha Leatherman at [kdleatherman@tarrantcounty.com](mailto:kdleatherman@tarrantcounty.com)**