



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. 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

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

Please indicate request type:		
<input type="checkbox"/> Class/Education Program	<input type="checkbox"/> Health Event/Fair	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
<input type="checkbox"/> Virtual <input type="checkbox"/> In-Person	Please provide at least one table and two chairs	

Class/Event Information Requested (For classes, select ONLY one per request, for events select ALL that apply):		
<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 (for 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 and 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"/> Osteoporosis	<input type="checkbox"/> Skin Cancer Prevention
<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"/> 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 <input type="checkbox"/> Healthy living for your brain and body	

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

Please provide information about those to receive services:		
Expected Attendance (Number):	Language(s): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	
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 Information:		
Parking/Security Pass needed:	Equipment Available:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Table <input type="checkbox"/> 2 chairs	<input type="checkbox"/> LCD Projector
<input type="checkbox"/> Electrical Outlet <input type="checkbox"/> Laptop Computer		
Additional details/Comments:		

Please return via email to Keisha Leatherman at kdleatherman@tarrantcounty.com