



Tarrant County Public Health
Chronic Disease Prevention Community 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) 370-4565.

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

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

SERVICE 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 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"/> Living with Diabetes	<input type="checkbox"/> Nutrition (Label Reading)	<input type="checkbox"/> Nutrition (Fruits and Veggies)
<input type="checkbox"/> Heart Health Awareness	<input type="checkbox"/> Live Tobacco Free (4 weeks, adults only)	<input type="checkbox"/> Tobacco Awareness
<input type="checkbox"/> Living with Heart Disease	<input type="checkbox"/> Stress Awareness and Management for Physical Health	
<input type="checkbox"/> Hypertension Basics	<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	
<input type="checkbox"/> Skin Cancer Prevention	<input type="checkbox"/> Osteoporosis	

Classes with Screening (check if you would like to have screenings with the class):	
<input type="checkbox"/> Blood Pressure Screenings	<input type="checkbox"/> BMI Screening

PLEASE PROVIDE GENERAL INFORMATION ABOUT THOSE WHO WILL BE RECEIVING 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: <input type="text"/>
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 Keisha Leatherman at kdleatherman@tarrantcounty.com