

## Healthy Start Coalition of Miami-Dade (HSCMD) Materials Request Form for Community

**Requested by (Name):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Organization:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Event/ Purpose:** \_\_\_\_\_ **Event Date:** \_\_\_\_\_

**Instructions:** **Specify quantities, do not** use checkmarks. Please allow 5 (five) business days to complete an order.

HSCMD reserves the right to limit or cancel orders. Completing this order form does not guarantee materials.

[For the most current list of materials and/or to order online, visit our website at www.hscmd.org/materials-request-form/.](http://www.hscmd.org/materials-request-form/)

Please fax order to (305) 541-0213 or email to Outreach@hscmd.org • For assistance call (305) 541-0210

**Program Brochures [25/pack]**

Connect	_____ Bilingual (ENG/SPA)
Healthy Start	_____ ENG _____ SPA
Jasmine Project	_____ ENG _____ SPA
Nurse-Family Partnership	_____ ENG _____ SPA
Fetal Infant Mortality Review	_____ ENG
NAS/SEN Project	_____ ENG _____ SPA

**Educational Materials [25/pack]**

<u>Topic</u>	<u>Language</u>
Bonding & Attachment	_____ ENG _____ SPA _____ CRE
Breastfeeding	_____ ENG _____ SPA
Count the Kicks	_____ ENG _____ SPA _____ CRE
Family Planning	_____ ENG _____ SPA _____ CRE
HealthCare Resources	_____ Trilingual ( ENG/SPA/CRE)
Infant Care	_____ ENG _____ SPA
Perinatal Mental Health: Depression	_____ ENG _____ SPA _____ CRE
Pre-Eclampsia	_____ Bilingual (ENG/SPA)
Pregnancy Danger Signs	_____ ENG _____ SPA _____ CRE
Pregnancy/Infant Loss	_____ ENG _____ SPA
Safe Sleep	_____ ENG _____ SPA _____ CRE
Substance Use	_____ ENG _____ SPA

**Promotional Items**

*Available in limited quantities.*

Baby Keys Rattle	_____	Pens	_____
Condoms	_____	Notepads	_____
Hand Sanitizer	_____	Plastic Bags	_____

**Risk Screens**

Prenatal Risk Screens \_\_\_\_\_ ENG \_\_\_\_\_ SPA \_\_\_\_\_ CRE  
 Prenatal Risk Screen Return Envelopes \_\_\_\_\_

**Other**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR INTERNAL USE ONLY**

	Due Date: _____
Approved by ( HSCMD Staff) Name: _____	Signature: _____ Date: _____
Completed by ( HSCMD Staff) Name: _____	Signature: _____ Date: _____
Picked Up by ( HSCMD Staff) Name: _____	Signature: _____ Date: _____