



**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

**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**

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

<b>FOR INTERNAL USE ONLY</b>		Due Date: _____
Approved by (HSCMD Staff) Name: _____	Signature: _____	Date: _____
Completed by (HSCMD Staff) Name: _____	Signature: _____	Date: _____
Picked Up & Received by: _____	Title: _____	Date: _____