



Saint Anthony Hospital

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Outreach Service Request Form

Instruction: We appreciate the opportunity to support you in promoting a healthy community. Please tell us about your organization and your event by filling out the following form. The form will be shared with members of the Outreach Planning Team (OPT) distribution list. The appropriate OPT Team members will contact you directly to discuss their availability to participate in your event as your request is evaluated. In order to ensure our participation, we ask for a two week advanced notice of your scheduled event.

TELL US ABOUT YOUR EVENT

Contact Person:

Your Organization:

Address:

Zip-Code

<input type="text"/>	<input type="text"/>
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Telephone number:

E-mail address:

Fax Number:

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Time of event:

Will chairs and tables be provided for staff?

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Please keep in mind if this event is a Health fair that most Health fairs are most effective when you reach out to people when they are already at a location. EX. Faith –based organizations may want to consider holding their fair before or after services where members are already present instead of on a Saturday where the fair is the only event going on.

Date of event:

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Address of event:

Indoor/outdoor:

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What services (information, screening, activities) are you looking for?

We currently offer: (We can only provide ONE type of screening per/event.)

- Cholesterol screening
- Diabetes screening
- Blood pressure screening
- Information on Saint Anthony Hospital Services
- Information on Saint Anthony Hospital's Community Wellness Programs:
 - ❖ Senior Wellness Services
 - ❖ Community Wellness Parish Nurse Program
 - ❖ Mental Health Services
 - ❖ Early childhood programs
 - ❖ Health Education

❖ **All Kids (Healthcare For All Kids) State of Illinois sponsored program**

-Flu vaccine, (if available)

Note: *Special requests will be considered but not guaranteed*

TELL US ABOUT YOUR AUDIENCE

How many attendees do you expect?

Is the health fair created for a specific target or population? (If yes please explain)

- **Do you expect the participants to be primarily English/Spanish speakers or both**
- **Other-Please specify**

Is the event (health fair) created for a specific age range?

- No specific age group
- Preschool
- Elementary School
- Middle School
- High School
- Adult
- Older adults
- Families

TELL US ABOUT YOUR VENUE

Will there be food served at the health fair? (Please explain)

- Yes - Healthy options will be available
- No-But we are interested in learning more about why having healthy food option is important
- Yes-For organizations working at the event (including attendees)
- Yes -For organizations working at the event (not including attendees)

TELL US ABOUT YOUR OBJECTIVES

What are the objectives of this event?

Please return this form to:

Saint Anthony Hospital

2875 West 19TH Street

Chicago Illinois 60623

Attn:Rita Esquiliano, Community Relations-Director @ Phone 773-484-4395 Fax 773-522-2964