# NYC CONDOM AVAILABILITY PROGRAM
# HEALTH EDUCATION REQUEST FORM

Agency: _____

Contact Person: _____ Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Tel #: (____) _____-_____ Fax #: (____) _____-_____ Email: _____

*Event Location: _____

Event: ☐ Tabling ☐ Health fair ☐ Presentation ☐ Training

Presentation/Training Type: ☐ Male condom demonstration ☐ Female condom demonstration
☐ Condom negotiation skills ☐ Condom usage/storage education

Group Type: ☐ Adult ☐ Youth ☐ Senior ☐ Staff ☐ Clients

Expected Number of Participants: _____ Languages Needed: ☐ English ☐ Spanish

*Please give 1st, 2nd & 3rd choices*

| Date | Time |
|---|---|
| | |
| | |
| | |

Agency Contact Person Signature Date

To be filled out by DOHMH:

*Presentation assigned to:* _____ _____
*Condom Education Specialist* *Date*

Please submit a separate form for each request to: Athea Bullard-Young, Condom Education and Field Services Manager

Fax: 718-579-6819 Email: ayoung1@health.nyc.gov
All presentations requests will be assigned within two weeks of the presentation date.
Questions? Please contact Mrs. Young via email ayoung1@health.nyc.gov or at 917-559-3944

*All requests will be filled on a first come, first serve basis.*
*The Department of Health and Mental Hygiene provides equal program and employment opportunities.*