



Tarrant County Public Health
Community Health Outreach for COVID-19 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 and informed 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)753-0490.**

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

Date of request:	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"/> COVID-19 Basics Presentation	<input type="checkbox"/> Outreach – Health fair, information table, etc. Explain:

Type of Event:		
<input type="checkbox"/> Education	<input type="checkbox"/> Information Table	<input type="checkbox"/> Health Fair

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:	
What gender would most of the attendees would identify as (if applicable): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> non-binary		
Age Range:		
Race and 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 pasolomon@tarrantcounty.com OR mail to:
 Tarrant County Public Health, 4708 Mercantile Dr. Fort Worth TX 76137 (Attention: Pamela Solomon)**