



Sexual Health Promotion Unit Supply Request Form

9616 Micron Ave.
Suite 930
Sacramento, CA 95827
(916) 875-6022
Fax: (916) 854-9615

-Please Print-

Today's Date: _____

Requestor _____ Phone No. _____
 Email _____ Organization _____

When do you need the materials and/or T & TA by:
 Please allow up to 2 weeks for processing.

_____ Option 1 _____ Option 2 _____ Option 3

<input type="checkbox"/> Risk Reduction Materials	
Quantity	Item Description
	Internal Condoms
	External Condoms
	Dental Dams
	Lube
	PrEP Brochures
	Sacramento County Sexual Health Clinic Flyers/Postcards
	Partner Services Flyers/Cards
	Other:

<input type="checkbox"/> Training and Technical Assistance (T & TA)	
Reason for T & TA	
Description of Organization	
Anticipated Outcomes	
Target Audience	
Desired Length of T & TA	_____ hrs.
Number of Attendees	
Method of Delivery	
Location (if applicable)	

To inquire about additional materials call 916-875-6022. Please email this form to HIVSTDStaff@sacounty.net once completed.

<p>For Staff Use Only</p> <p>Received By/Date: _____</p> <p>Order Filled By/Date: _____</p>	<p>Notes:</p>
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