

Request for HIV Education Outreach Services



Name of Agency / Program: _____

Address: _____

City: _____ Zip: _____

Location of Presentation/Event _____

Address: _____

City: _____ Zip: _____

Director of Agency / Program: _____

Phone: (____) _____ Ext. _____

E-Mail Address: _____

Contact Person: _____

Phone: (____) _____ Ext. _____

E-Mail Address: _____

Scope of Agency / Program: _____

ATTENDEE DEMOGRAPHICS (check all that apply)			
AGE	<input type="checkbox"/> 5 - 8	<input type="checkbox"/> 9 - 11	<input type="checkbox"/> 12 - 14
	<input type="checkbox"/> 15 - 17	<input type="checkbox"/> 18 - 21	<input type="checkbox"/> 22 +
SEX	<input type="checkbox"/> Co-Ed	<input type="checkbox"/> Male	<input type="checkbox"/> Female

What is the Purpose of Your Requested (check all that apply)

For a detailed description of the topics listed below, please refer to the descriptions below to assist you in customizing your presentation. Minimum estimated times for each topic are listed to the left of the topic. Times can vary dependent upon group participation and amount of questions.

GENERAL INFORMATION:

- 7 min** What are HIV and AIDS?
- 5 min** How is HIV Transmitted?
- 5 min** History of HIV/AIDS: Epidemiology
- 5 min** How STD's and STI's increase risk of infection
- 5 min** What are Opportunistic Infections (AIDS Related infections)?

CARE, TREATMENT AND SERVICES AVAILABLE

- 7 min** What if I test positive for HIV?
- 4 min** Case Management
- 4 min** Treatment Available & PR's Test and Treatment Clinic
- 5 min** HOWPA (Housing Opportunities for People With AIDS) and other financial supports

PREVENTION OF HIV INFECTION

- 5 min** Modifying Risk Behaviors
- 7 min** Prevention Medications Available
- 10 min** What Testing is Available?
- 15 min** Over the counter products/barriers
- 5 min** Distribution of condoms

COMMUNITY IMPACT

- 5 min** HIV/AIDS Statistics and Demographics
- 5 min** Financial Impact

OTHER

- Certificate of Participation

HIV and STD Brochures are available to all participants at end of presentation.

VIDEO/AUDIO AND OTHER EQUIPMENT AVAILABLE AT SITE (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> TV - VCR Player | <input type="checkbox"/> Easel with Flip Chart |
| <input type="checkbox"/> TV - DVD Player | <input type="checkbox"/> Chalkboard |
| <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Erasable Marker Board |
| <input type="checkbox"/> Power Point Presentation Capabilities | <input type="checkbox"/> Other: _____ |

Please indicate any areas of special concern relative to the audience and/or request any additional or specific information: (for example, if you do not want us to distribute condoms, please indicate here or any other special requests for your group)

PLEASE NOTE: Once your request is submitted, one of our Education and Outreach Specialist will contact you within 2 business days to finalize and confirm your request.