



# HACKLEY COMMUNITY CARE

We're All In

## HCC Mobile Health Services Request Form

To request the services of the HCC Mobile Health Clinic Services please fill out the form below. To allow for proper event coordination, please submit your request at least 30 days in advance. We will review submitted requests, and based on the information included in the Event Request Form, and the availability of required staff, a determination will be made regarding your request.

You will be notified of the decision within ten business days of your submission.

### CONTACT INFORMATION

Name (First, Last) \_\_\_\_\_

Organization Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

### EVENT DETAILS

Event Description \_\_\_\_\_

Are Other Community Partners Involved? \_\_\_\_\_

Event Date \_\_\_\_\_

Event Time (start, ending) \_\_\_\_\_

Event Location \_\_\_\_\_

How long do you need the unit(s) at your event? \_\_\_\_\_

Anticipated number of participants? \_\_\_\_\_

### MOBILE HEALTH SERVICES

What services are you asking HCC to provide at your event (medical, mental health, dental, screenings, physicals, immunizations)? \_\_\_\_\_

What staffing would HCC be expected to provide? \_\_\_\_\_

How did you hear about our mobile health unit services? \_\_\_\_\_