Request for Administrative Forms & Information Materials

Early Hearing Detection & Intervention
Universal Newborn Hearing Screening

Date: _____
Hospital/ Birthing
Facility_____
Address _____

_____
Contact Person _____
Phone # _____
Email _____

Please send the requested items listed below to the address indicated above.

Items	**# of Copies**
The Who, What, and Why of the Program /Hearing Screening Results(English)	
The Who, What, and Why of the Program/ Hearing Screening Results(Spanish)	
What If Your Baby Needs More Hearing Tests? (English)	
What If Your Baby Needs More Hearing Tests? (Spanish)	
Delta Zeta & NCHAM Sound Beginnings Video on DVD (English - 3 copies max.)	
Delta Zeta & NCHAM Sound Beginnings Video on DVD (Spanish - 3 copies max.)	
Hands & Voices Loss & Found DVD (includes English and Spanish on one DVD)	

If you need assistance, please call 317-233-1254 or 888-815-0006.

or

Mail or fax your request to:
Indiana State Department of Health
Early Hearing Detection & Intervention Program
2 North Meridian Street, 7F
Indianapolis, IN 46204
Fax: 317-234-2995

ISDH Office Use

Order received _____
Order filled _____