

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.

<u>Items</u>	<u># of Copies</u>
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 _____