

# Materials Order Form

Fax Order to Debey Epps @ 334-272-4614

Updated: 7/14/05

Date:	County:
Care Coordinator Name:	

AMOUNT NEEDED	ITEM	AMOUNT RECEIVED
<i>Initial Encounter</i>		
	Enrollment/Agreement to Receive Prenatal Care Forms	
	Community Resource Lists - List County(ies):	
	Information Cards	
	Sleeves for Information Cards	
	Psychosocial Assessment Worksheets	
	Maternity Psychosocial Risk Assessment Forms	
	Domestic Violence Screening Tool	
	Maternity Care Program Fact Sheet/Rights & Duties	
	Personalized Safety Plan	
	Childbirth Class Registration Forms (District #10 only)	
	Notice of Privacy Practices (White HIPAA Form)	
	Request for Confidential Communications (Orange HIPAA Form)	
	Request for Restriction on Use and Disclosure (Green HIPAA Form)	
	Education Packet: Green	
<i>Second Encounter</i>		
	2 <sup>nd</sup> Encounter Template	
	Education Packet: Yellow	
<i>Pre-Delivery Encounter</i>		
	Pre-Delivery Encounter Template	
<i>Postpartum Encounter</i>		
	Postpartum Encounter Template	
	Education Packet: Salmon	
<i>Home Visit</i>		
	Postpartum Home Visit Report Forms	
<i>Other Forms/Supplies</i>		
	Notification of DHCP Change/Program Dropout Form	
	DHCP Insurance Verification Form	
	Service Reports	
	GOL MCP Brochures for District # _____	
	Mailing Labels	

*GOL Office Use Only:*

Received:	Mailed: <input type="checkbox"/> Postcard <input type="checkbox"/> Items
Filled:	Posted: