



RAMP Asthma Action Plan Request Form

Please complete all sections of the form.

Help RAMP continue to provide free Asthma Action Plans!
Visit www.rampasthma.org to make a donation today.

Date: _____

Agency: _____

Name: _____

Mailing Address (we cannot ship to P.O. Boxes):

Phone Number: _____

E-Mail Address: _____

For our grant reporting purposes, please provide an estimate of the percentage breakdown of your patient population that are African American and Latino.

_____ % African American

_____ % Latino

Please provide information on how the Asthma Action Plans will be used (i.e. in a clinical setting, at a health fair, to be distributed to providers, etc.):

Asthma Action Plans Requested:

Language (English, Chinese, Vietnamese, English/Spanish)*	Quantity (Maximum total of 300)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Spanish forms are currently unavailable.

*To place your order, please submit this completed form to info@rampasthma.org or fax it to 510-285-5501. Orders will be shipped as soon as possible. **If you haven't received your order within four weeks of your request, please call 510-285-5715 or e-mail info@rampasthma.org.** The maximum number of Asthma Actions Plans provided per request is a total of 300. Organizations may place an order for Asthma Actions Plan no more than once per month.

NEW Electronic, fill-able versions of the Asthma Action Plans are also available and are downloadable in four versions – English, English/Spanish, English/Chinese, and English/Vietnamese. To access the Plans, visit <http://www.rampasthma.org/info-resources/asthma-action-plans/>.