

RAMP Asthma Action Plan Request Form

*Please complete all sections of the Form

Date: _____

Agency: _____

Name: _____

Mailing Address (we can not 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, Spanish, Chinese, Vietnamese, English/Spanish)	Quantity (Maximum total of 300)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*To place your order, please submit this completed form to Seham Fare at seham@rampasthma.org or via fax at 510-451-8606. For questions or concerns, contact Seham via e-mail or at 510-302-3365. Orders will be shipped within one week of request. **If you haven't received your order within two weeks of your request please call or e-mail Seham.** 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/>.

