



# **EHDI Printed Material Request Form**

**Date of Request:** 

**Contact Name:** 

Facility Name:

### Contact Email:

Phone Number:

Select all materials and quantity needed: (Forms are in bundles of 100 except where noted)

General Brochure Double-sided form given to parents with newborn hearing screening results and recommended follow up.



#### # English

# Spanish

#### **Hearing Screening Card**

(Double-sided card for prenatal education. Also in Arabic, Burmese, Chinese, French, German, Haitian Creole) Bundles of 250



# English # Spanish

### Send Printed Materials To:

Street Address:

City, State, Zip:

#### **Comments or Special Instructions:**

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# English

# Spanish

### Speech & Hearing Milestones

(For parents to monitor their child's communication skills.)

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# English # Spanish

#### FAQ Newborn Hearing Screening

(Double-sided document for all parents of newborns who do not pass their newborn hearing screening. Can be used by hospitals or prenatal educators.



# English

# Spanish

Talk to Me (Double-sided document with practical ways for parents to improve their young child's development and communication skills).



# English # Spanish

## Email completed form to grmedina@health.in.gov or fax to 317-925-2888.

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.

Early Hearing Detection & Intervention • Maternal & Child Health • 317-232-0176