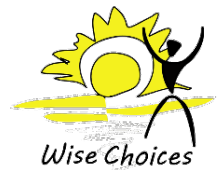




WISEWOMAN/Wise Choices Program Forms Request



Organization Name _____

Contact Person _____

Contact Phone _____

Shipping Address _____

When Needed _____

WISEWOMAN Forms

Quantity	Form	Quantity	Form
	My Health Information (English)		Información sobre mi salud (My Health Info - Spanish)
	Participant Agreement (English)		Acuerdo de Participación (Participant Agreement - Spanish)
	Taking Control of My BP		يتحصن عتامول عم (My Health Info - Arabic)
	TOPS Agreement (English)		جمانرب يف كارتشإلاقافتا (Participant Agreement - Arabic)
	Note Cards and Envelopes		مدلا طغض ىلع قرطيسلا (Taking Control of my BP -Arabic)

Wise Choices Forms (Only for Wise Choices Agencies)

Quantity	Form	Quantity	Form
	My Health Information		Taking Control of My BP
	Participant Agreement		

**Fax to (517) 335-9397, Attention: Beth Trierweiler or
e-mail to trierweilerb@michigan.gov**