

Technical Assistance Request Form

Name: _____

Organization: _____

E-mail: _____ Phone number: _____

Strategy requesting Technical Assistance: (please place an X by the strategy):

Baby Friendly Hospitals Complete Streets Safe Routes to School

Worksite Wellness Coordinate School Health Joint Use Agreements

Smoke Free Public Places Smoke Free Multi-Unit Housing

Please provide a brief description of the Technical Assistance requested. For example, are you interested in a presentation, training, etc. The more detail you can provide, the better the TA provider can help.

Would you be interested in partnering with other We Choose Health grantees on request? Yes No

Thank you for submitting your request for Technical Assistance on your We Choose Health strategy. You will receive confirmation of your request within the next 48 business hours.

Please send your completed TA Request form to: dph.wechoosehealth@illinois.gov