

Alameda Alliance for Health Wellness Programs & Materials



Member Request Form – Alameda Alliance for Health (Alliance) provides health education at no cost. We want you to take charge of your health by having the best information possible. Please select the topics that you want us to send you. You can also request the handouts in other formats. Many handouts can be found at www.alamedaalliance.org.



CLASSES & PROGRAM REFERRALS

- Asthma
 - Breastfeeding Support
 - CPR/First Aid
 - Diabetes
 - Diabetes Prevention Program (*prediabetes*)
 - Healthy Eating, Exercise, and Weight
 - Heart Health
 - Parenting
 - Pregnancy and Childbirth
 - Quit Smoking
- (please have Kick It California call me)



MEDICAL ID

- Choose one: Bracelet Necklace
- Asthma
 - Child Adult
 - Diabetes
 - Child Adult



WRITTEN MATERIALS

- Advance Directive (*medical power of attorney*)
- Alcohol and Other Substance Use
- Asthma
- Back Pain
- Birth Control
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Domestic Violence
- Healthy Eating, Exercise, and Weight
 - Child Adult
- Heart Health
- Parenting
- Pregnancy
- Preventive Care
- Quit Smoking
- Safety
 - Child Adult
- Sexual Health
- Stress and Depression
 - Child Adult

Name (self): _____

Alliance Member ID Number: _____

Child's Name (if applies): _____

Child's Member ID Number: _____

Age of Child: _____

Address: _____

City: _____ Zip Code: _____

Written Language: _____

Spoken Language: _____

The requested materials will be mailed to you. How may the Alliance contact you?

Please check all that apply:

Phone: _____

Email: _____

Text: _____



To order, please complete this form on the member portal
at www.alamedaalliance.org or mail this form to:

Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502

Phone Number: **1.510.747.4577** • Toll-Free: **1.855.891.9169**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**