



## EHDI Printed Material Request Form

**Date of Request:**

**Contact Name:**

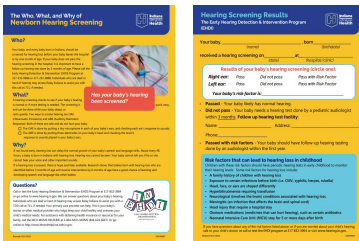
**Contact Email:**

**Facility Name:**

**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

**Referral Brochure** Tri-fold brochure for parents of newborns who do not pass newborn hearing screening.



# 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

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



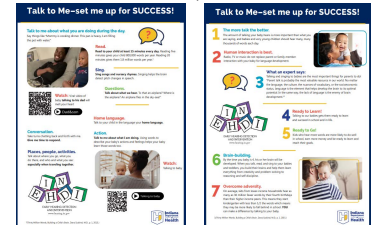
# English  
# Spanish

**Speech & Hearing Milestones** (For parents to monitor their child's communication skills.)



# 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

**Send Printed Materials To:**

Street Address:

City, State, Zip:

**Comments or Special Instructions:**

Email completed form to [grmedina@health.in.gov](mailto: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