

Maricopa County Office of Nutrition Services (ONS) – Service Request

Please e-mail completed form to nutrition@mail.maricopa.gov or fax to 602-506-9330.

Please return the form no later than 4 weeks prior to the event date.

Presentation Health Fair Materials Other (please specify below)

Event Date: _____ Event Time: _____ to _____

Contact Person(s): _____

Organization: _____

Event Address: _____

City: _____ Zip: _____ Fax #: _____

Phone #: _____ Alt. Phone #: _____

E-mail: _____

Topic, materials, and/or other services requested (i.e. handouts, incentives, games, food demo, etc):

Estimated Number of Participants: _____ Language(s): English Spanish

Primary Target Audience: Children Students Adults Seniors

Age Range: _____ to _____ Gender(s): Male Female

Approximate Income Level: High Medium Low Unknown

Is Data Available for: Food Stamp Eligible Free or Reduced School Lunch Eligible

AHCCCS Eligible WIC Eligible None/NA

Additional Comments:

How did you hear about ONS? Previous Event/Program Phone Website

Other (please specify) _____

Internal Use Only

Answered By: _____ Action: _____