



Staying Healthy Assessment Fax Order Form



Materials are free of charge to Alliance providers. You may order as many times as needed. Every effort will be made to mail copies within two weeks of receipt for orders under 250 per form. For orders over 250 per form, please allow four weeks. Please make copies from your master if needed sooner.

To: Central California Alliance for Health Printing Services - Fax to (831) 430-5857

Requestor Name _____ Date _____
 PCP _____ Phone _____
 Address _____ Fax _____
 City/State/Zip _____

Item #	Description	Age	Language	# Copies Requested
7098A	Assessment Questionnaire (pink)	0-6 months	English	
7098A SP	Assessment Questionnaire (pink)	0-6 months	Spanish	
7098A HM	Assessment Questionnaire (pink)	0-6 months	Hmong	
7098B	Assessment Questionnaire (yellow)	7-12 months	English	
7098B SP	Assessment Questionnaire (yellow)	7-12 months	Spanish	
7098B HM	Assessment Questionnaire (yellow)	7-12 months	Hmong	
7098C	Assessment Questionnaire (orange)	1-2 years	English	
7098C SP	Assessment Questionnaire (orange)	1-2 years	Spanish	
7098C HM	Assessment Questionnaire (orange)	1-2 years	Hmong	
7098D	Assessment Questionnaire (green)	3-4 years	English	
7098D SP	Assessment Questionnaire (green)	3-4 years	Spanish	
7098D HM	Assessment Questionnaire (green)	3-4 years	Hmong	
7098E	Assessment Questionnaire (goldenrod)	5-8 years	English	
7098E SP	Assessment Questionnaire (goldenrod)	5-8 years	Spanish	
7098E HM	Assessment Questionnaire (goldenrod)	5-8 years	Hmong	
7098F	Assessment Questionnaire (blue)	9-11 years	English	
7098F SP	Assessment Questionnaire (blue)	9-11 years	Spanish	
7098F HM	Assessment Questionnaire (blue)	9-11 years	Hmong	
7098G	Assessment Questionnaire (violet)	12-17 years	English	
7098G SP	Assessment Questionnaire (violet)	12-17 years	Spanish	
7098G HM	Assessment Questionnaire (violet)	12-17 years	Hmong	
7098H	Assessment Questionnaire (ivory)	Adult	English	
7098H SP	Assessment Questionnaire (ivory)	Adult	Spanish	
7098H HM	Assessment Questionnaire (ivory)	Adult	Hmong	
7098I	Assessment Questionnaire (gray)	Senior	English	
7098I SP	Assessment Questionnaire (gray)	Senior	Spanish	
7098I HM	Assessment Questionnaire (gray)	Senior	Hmong	

Note: Forms are also available in other California threshold languages. Forms and additional resources are available from DHCS at dhcs.org/formsandpubs/forms/Pages/StayingHealthy.aspx.

Alliance Use Only	Date Mailed: _____	Staff Name: _____
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HEALTHY PEOPLE. HEALTHY COMMUNITIES.

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