



# California Access to Recovery Effort

(CARE 3)

Revised June 2013

## MATERIALS REQUEST FORM

### Requestor's Information:

Individual/Organization: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
R \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ CARE Provider ID (if applicable): \_\_\_\_\_

### Items/Quantity:

Available to CARE case managers only:

\_\_\_\_\_ Youth Client Handbook \_\_\_\_\_ Veteran Client Handbook

\_\_\_\_\_ Business-Reply Envelopes (for client surveys which can be downloaded from website)

General Availability:

\_\_\_\_\_ English Brochure \_\_\_\_\_ Spanish Brochure \_\_\_\_\_ Bookmark/Calling Card

\_\_\_\_\_ Youth Poster \_\_\_\_\_ Veteran Postcard (coming soon)

**Purpose:** (If not a CARE provider, please explain how the materials will be used. For example, if brochures are needed for a community event, tell us the name of event, date, location, and expected number of attendees.)

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\_\_\_\_\_  
\_\_\_\_\_

**Requested Due Date** (Should be within reason and give us ample turnaround time):

\_\_\_\_\_/\_\_\_\_\_/201\_\_\_\_

**RETURN MATERIALS REQUEST FORM TO JIGNA SHAH,  
DEPARTMENT OF HEALTH CARE SERVICES  
VIA FAX AT 916-445-0846**