

Idaho Statewide HIV/AIDS Materials Review Panel Request

Contact: _____

Agency: _____

Address _____

Phone: _____ Email: _____ FAX: _____

Date request initiated: _____ Need response by: _____

Instructions: Complete all sections below. Submit one form per item. Attach a copy of the written, printed, or video.

Mail media with this form to: Allen Haumann
Family Planning, STD, and HIV Programs
Idaho Department of Health and Welfare
450 W. State St., 4th Floor
Boise, Idaho 83720-0036
(208) 334-5937

Material title: _____

Publisher/producer: _____

Order information: _____

Copyright: _____ Length (pages/minutes) _____

Cost: _____

- Material type: Written brochure Original locally-developed brochure
 Printed material for outreach Video
 Material to be adopted for another source Electronic Media
 WEB site/internet Text book Other

Intended audience: _____

- Intended age group: Adult College High school Middle School (grades 6-9)
 Upper Elementary (grades 4-5) Primary (K-3)
 Pre-kindergarten Special populations Other _____

- Target risk group/special population: General MSM IDU Partner of MSM/IDU Women
 Teen MSM Teen IDU Other _____

- Purpose: Awareness General information Targeted Outreach Professional training
 Parent Education Classroom Waiting room/brochure rack Adult Outreach
 Alt. school Other _____

Comment/introduction: _____

Office use only Approved Not approved