

WVCHIP Literature Order Form

Request Date: _____ County(ies): _____

Contact Person: _____ Organization: _____

Shipping Address: _____

City, State, Zip: _____

Phone: _____ Ext. _____ Fax: _____

Event(s): _____

Brief Description of Event: _____

Event Date(s): _____ Date Needed By: _____

Item	Quantity Requested	Quantity Approved
Prevention Brochure		
Informational Program Flyer (3.5 x 8.5)		
Application & Guide		
Web Application Poster		
Income Guidelines Flyer		
Health Check Promotional Flyers		
<i>Dental</i>		
<i>Vision</i>		
<i>Hearing</i>		
<i>Healthy Checkup</i>		
ABC's of Baby Care Slide Guides		
Dental Hygiene & Other Promotional Items*		

The following available for you to access online at www.wvchip.org:

- Summary Plan Description Booklet
- Dental Provider Guide
- Spanish Application & Guide

***All promotional items are subject to availability and may vary.**

Please return form to WVCHIP
 1018 Kanawha Blvd., East Suite 209, Charleston, WV 25301
 Phone: (304) 558-2732 Fax: (304) 558-2741
 Or email form to: wanda.f.casto@wv.gov and cc: shannon.g.looney@wv.gov

Type of Request

Faith-Based Health Care Provider School/Education Business Other _____

Order Shipped On: _____ By: _____
