

**Houston Department of Health and Human Services  
Bureau of HIV/STD & Viral Hepatitis Prevention  
Materials Review Submission Form**

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 brochure, printed material, or DVD/Video.

Mail or fax media with this form to: Brandi Knight, MPH, CHES  
 Houston Department of Health & Human Services  
 Bureau of HIV/STD & Viral Hepatitis Prevention  
 8000 N. Stadium Dr., 5th Floor  
 Houston, Texas 77054  
 (713) 791-6897 Office  
 (713) 791-6977 Fax

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

**Targeted audience:**  White  Black  Hispanic  
 Asian/Pacific Islander  American Indian/Alaskan Native  
 Other \_\_\_\_\_

**Targeted gender:**  Male  Female  
 Transgender (M→ F)  Transgender (M→ F)

**Targeted age group:**  Adult (25+)  Adolescent (20-24)  
 Adolescent (13-19)  Other \_\_\_\_\_

**Behavior risk group/special population:**  Heterosexual  MSM  IDU  
 Partner of MSM/IDU  YMSM  
 Youth IDU  Other \_\_\_\_\_

**Purpose:**  Awareness  General information  Targeted Outreach  Professional training  
 Parent Education  School  Waiting room/brochure rack  
 Other \_\_\_\_\_

**Comment/introduction:** \_\_\_\_\_

<b>Office use only</b>	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Not approved</b>	<input type="checkbox"/> <b>Date</b>
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