

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



Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Requested: \_\_\_\_\_ 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.

**Material Type:**  Written Brochure  Textbook  
 Printed material for outreach  Video  
 Material to be adopted for another source  Electronic Media  
 Website/Application  Other

**Target Populations**

**Age Range:**  Adult (25+)  Young Adult (20-24)  
 Adolescent (13-19)  Other: \_\_\_\_\_

**Race:**  African American/Black  White  American Indian/Alaskan Native  
 Asian  Hawaiian/Pacific Islander  Other

**Ethnicity:**  Hispanic  Non-Hispanic

**Gender:**  Male  Female  MTF  FTM

**Behavior Risk Group:**  Heterosexual  MSM  IDU  
 HIV Positive  YMSM  Youth IDU  
 Partner of MSM/IDU  
 Other: \_\_\_\_\_

**Purpose:**  General Information  Awareness  Targeted Outreach  
 Professional Training  Parent Education  School  
 Waiting Room/Brochure Rack  
 Other: \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

Email or mail media with this form to: Jon-Michael Gillispie  
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**HDHHS Use Only**

**Date Reviewed:** \_\_\_\_\_  Approved  Not Approved