

# SAN DIEGO COUNTY BLACK INFANT HEALTH (BIH) PROGRAM MATERIAL REQUEST FORM

286 EUCLID AVENUE, SUITE 308, SAN DIEGO, CA 92114 | (619) 266-7466 | [WWW.SDBIH.ORG](http://WWW.SDBIH.ORG)





**COMPLETE AND SUBMIT FORM TO JANAIA BRUCE ONE OF THE FOLLOWING WAYS:**

- FAX TO (619) 262-9188
- EMAIL TO [BIH@NEIGHBORHOODHOUSE.ORG](mailto:BIH@NEIGHBORHOODHOUSE.ORG)
- CALL (619) 266-7466 FOR PICK-UP OR DELIVERY


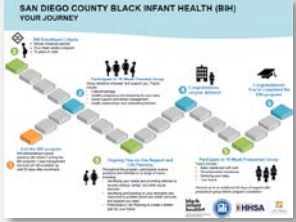



## ORGANIZATION INFORMATION

ORGANIZATION _____	STAFF _____
ADDRESS _____	CITY _____ ZIP _____
REQUEST DATE _____	PHONE _____
FAX _____	EMAIL _____
COMMENTS _____	

## BIH MATERIALS

	DESCRIPTION	QUANTITY		DESCRIPTION	QUANTITY
	BABY POSTER MEASURES 18" x 24"			MOM POSTER MEASURES 18" x 24"	
	MEASURES 8.5" x 11"			MEASURES 8.5" x 11"	

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DESCRIPTION	QUANTITY	DESCRIPTION	QUANTITY	
 <p>Be Empowered. Dream Big.</p> <p>The California Black Infant Health (BIH) Program aims to improve health among African American women by empowering pregnant and postpartum Black women to take control of their health. Take Care of Your Health. Reduce Stress, Eat Well, Connect with Others.</p>	<p>INVITATION CARD 50 IN EACH PACK MEASURES 6"x4"</p> <hr/> <p>WITH TEAR-OFF</p>	# OF PKGS.	 <p>SAN DIEGO COUNTY BLACK INFANT HEALTH (BIH) YOUR JOURNEY</p> <p>PROGRAM JOURNEY MEASURES 8.5"x11"</p>	# OF PKGS.
 <p>Be Empowered. Dream Big.</p> <p>World Knows the Black Women Know!</p> <p>black infant health</p>	PROGRAM TRI-FOLD BROCHURE		 <p>REFERRAL FORM MEASURES 8.5"x11"</p>	
 <p>If you are PREGNANT, our prenatal services can help YOU!</p> <p>black infant health</p> <p>Perinatal Care Network</p>	PERINATAL CARE NETWORK (PCN) FLYER			

**OUTCOME (BIH STAFF USE ONLY)**

REQUEST DELIVERED _____	BIH STAFF _____
COMMENTS _____	
_____	