

# RAMP Asthma Action Plan Request Form

\*Please complete all sections of the Form

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Mailing Address (we can not ship to P.O. Boxes):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

For our grant reporting purposes, please provide an estimate of the percentage breakdown of your patient population that are African American and Latino.

\_\_\_\_ % African American      \_\_\_\_% Latino

Please provide information on how the Asthma Action Plans will be used (i.e. in a clinical setting, at a health fair, to be distributed to providers, etc.):

\_\_\_\_\_  
\_\_\_\_\_

## Asthma Action Plans Requested:

Language (English, Spanish, Chinese, Vietnamese)	Quantity (Total # of Plans requested must not exceed 300)
_____	_____
_____	_____
_____	_____
_____	_____

\*To place your order, please submit this completed form to Seham Fare at [seham@rampasthma.org](mailto:seham@rampasthma.org) or via fax at 510-451-8606. For questions or concerns, contact Seham via e-mail or at 510-302-3329. Orders will be shipped within one week of request – please allow an additional week for delivery.

The total number of Asthma Actions Plans requested must not exceed 300. Organizations may place an order for Asthma Actions Plan no more than once per month.