SERVICES Request FORM

DATE OF INITIAL REQUEST: _____ **REQUEST MADE BY:** _____

DESIRED DATE(S) OF SERVICE: _____ **APPROXIMATE # OF PARTICIPANTS:** _____

TYPE OF SERVICE DESIRED:

PREVENTION	OUTREACH
☐ HIV/STI 101**	☐ HIV/Syphilis Testing
☐ BSB	☐ HIV/STI Information Table
☐ Premade condom packs	☐ OTHER
**see below for details	

AGE RANGE:

ADOLESCENT	ADULT
☐ 13-17	☐ 25+
☐ 18-20	☐ 35+
☐ 21-24	☐ All ages

SERVICE SPECIFICS:

ADDITIONAL COMPONENTS	
☐ PREGNANCY PREVENTION AND CONTRACEPTIVES	
☐ CONDOM NEGOTIATION	
CONDOM DEMONSTRATION	☐ Y ☐ N
LATEX BARRIER DEMONSTRATION	☐ Y ☐ N
SAFER SEX PACKAGES (CONDOMS/LUBE)	☐ Y ☐ N
NOTES:	

HIV 101 covers basic statistics, how HIV is transmitted, available HIV testing options and locations for testing as well as ways to prevent transmission of HIV. State level and local level statistics will be shared and any myths about HIV will be corrected. At the end of each presentation, staff allow time for question and answers.

STI 101 covers each sexually transmitted infection, transmission, signs and symptoms and ways to reduce risk for contact with STI's. At the end of each presentation, staff allow time for question and answers.

HIV 101/STI 101 is a combination of both sessions.

HIV counseling and testing: W'SUP provides free confidential rapid HIV testing. The test gives results in 20 minutes. Each test is accompanied by prevention counseling by one of our Michigan HIV certified test counselors.

HIV/STI information table: W'SUP will provide educational pamphlets on preventing HIV and STIs, abstinence, testing and other similar topics via display. Safer sex packages (a small package with condoms, lube and instructions on how to use a condom) and visual prevention board can be requested for distribution on the table.

LOCATION OF SERVICE(S): _____ **TIME OF SERVICE:** _____

TELEPHONE NUMBER OF CONTACT PERSON: _____

NAME OF CONTACT PERSON AT LOCATION: _____

IS THERE ANY ADDITIONAL INFORMATION? **(I.E. alternate entry door, passes needed, etc.)**

_____

MULTIMEDIA:

WILL A PROJECTOR AND SCREEN BE AVAILABLE IF NEEDED? _____

WHAT TYPE OF SETTING WILL THE REQUESTED SERVICES BE PRESENTED IN? _____

_____

For HIV/Syphilis testing services:

Is there a confidential space for testing to occur: _____

If not, please specify what type of space is available:

_____

Will table and chairs be provided (we will need at least, 1 table and two chairs):

_____

Any specific instructions that we need to know about the space for the event:

_____

_____

For BSB:

Transportation and food are only provided for in-person groups. In person groups only take place within Wayne County.

For virtual groups, are there any specific needs or capacities that we should be aware of?

_____

_____

Please return this form to the Wayne State University Prevention team via-
FAX (313-577-0793) OR EMAIL Ari Hampton, Manager of prevention services (Ec7996@wayne.edu).
IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT US AT (313) 826-9604