

## WASCLA TOOLS FOR HEALTH - Resource Request Form

Please send completed form to: [wascla.lep@gmail.com](mailto:wascla.lep@gmail.com). We will contact you about delivery options.

Name of Requester: \_\_\_\_\_

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

Address: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date Mailed or Delivered: \_\_\_\_\_

Language	I Speak Card Quantity	Consumer Flyer Quantity
Amharic		
Arabic		
Burmese		
Chinese Simplified (SC)		
	Cantonese card _____ Mandarin card _____	
Chinese Traditional (TC)		
	Cantonese-card _____ Mandarin-card _____	
Chuuk		
Farsi		
Hindi		
Japanese		
Karen		
Khmer		
Korean		
Lao		
Marshallese		
Mixteco		
Nepali		
Oromo		
Punjabi		
Romanian		
Russian		
Samoan		
Spanish		
Somali		
Swahili		
Tagalog		
Tigrinya		
Turkish		
Ukrainian		
Urdu		
Vietnamese		