**2020 Community Health Assessment Booklet Request**

|  |  |
| --- | --- |
| Organization/Agency Information | |
| Org/Agency Name & Contact Person Name |  |
| Email Address/Phone Number |  |
| Physical Address to send Booklet |  |
|  | |

We have a limited number of booklets available for distribution. Please fill out the form and let us know if you would like to request a booklet (full report of the CHA) for yourself or your agency. Please submit this form by COB 12/1/2020, and email to CAPE@schsa.org.

If you have any questions, please contact CAPE@schsa.org