



## **Bureau of Health Equity Program Profile Form**

All fields notated with an asterisk (\*) are required information for our webpage.

\*Program Name: \_\_\_\_\_

\*Program Description: \_\_\_\_\_

\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Contact Information:**

Toll Free: \_\_\_\_\_ Hotline: \_\_\_\_\_ Out of Area Line: \_\_\_\_\_

Program Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Program Contact Person:**

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Coverage Area: (County, city or area, state, etc) \_\_\_\_\_

\*Program Eligibility Requirements: (If any) \_\_\_\_\_

\_\_\_\_\_

\*Target Population: (Select all applicable) Adult Teen Child Family Female Male Other \_\_\_\_\_

Are volunteer opportunities available? \_\_\_\_\_ Volunteer Requirements: \_\_\_\_\_

\_\_\_\_\_

\*Your Name: \_\_\_\_\_ Your Title: \_\_\_\_\_

\*Your Phone Number: \_\_\_\_\_

\*Your email address: \_\_\_\_\_

\*\*\*This information is being collected for inclusion in our webpage for the purposes of internal organization. Contact information, other than web site addresses, will not be shared with anyone outside of the Bureau of Health Equity.\*\*\*

Bureau of Health Equity  
417 Federal Street  
Dover, DE 19901  
Fax: (302) 739-3839  
Email: Lucy.Luta@state.de.us