



## Presentation Request Form

*Please fill out this form to request a presentation for your organization, class or special event. We request submission at least two weeks prior to the requested presentation date. Submit your completed request form by mail at 525 W 2<sup>nd</sup> Ave, Spokane, WA 99201 or fax to 509.624.2275.*

Contact Information		Requested Presentation	
Name		Date	
Organization		Time	
Email		Venue	
Phone		Address	

### Topics/Areas of Focus (select one or more):

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Alexandria’s House</b><br/>transitional home for pregnant &amp; parenting teens</li> <li><input type="checkbox"/> <b>Aston-Bleck Apts</b><br/>transitional housing for young women with children</li> <li><input type="checkbox"/> <b>Community-Based Housing</b><br/>permanent, supportive housing for chronically homeless, disabled adults</li> <li><input type="checkbox"/> <b>Crosswalk</b><br/>shelter, school and multi-service center for homeless and high-risk teens</li> <li><input type="checkbox"/> <b>Foster Youth Services</b><br/>independent living services for teens leaving the foster care system</li> <li><input type="checkbox"/> <b>Health Insurance Assistance</b><br/>in-person assistance for homeless and low-income persons enrolling in the WA State Health Exchange</li> <li><input type="checkbox"/> <b>Homeless Health &amp; Housing</b><br/>“housing-first” apartments for severely ill homeless adults being released from the hospital</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Hope House</b><br/>emergency shelter with on-site permanent housing for adult women</li> <li><input type="checkbox"/> <b>Marilee Haven</b><br/>“housing-first” apartment complex and support services for chronically-homeless adults</li> <li><input type="checkbox"/> <b>Medical Respite Care</b><br/>short-term respite care for homeless women coming out of the hospital</li> <li><input type="checkbox"/> <b>Rapid Re-Housing</b><br/>“housing-first” homelessness prevention through housing and utility resources and assistance</li> <li><input type="checkbox"/> <b>Scholarships</b><br/>college scholarships for homeless youth</li> <li><input type="checkbox"/> <b>Support Services for Veteran Families</b><br/>housing assistance for veterans and their families</li> <li><input type="checkbox"/> <b>Veteran’s Housing</b><br/>transitional homes for chronically homeless veterans</li> </ul> |
|--|--|

(Form continues on next page)

Audience Type (please select one):

- School
- University
- Community Group
- Business
- Church/Faith-Based Group
- Youth Organization
- Other: \_\_\_\_\_

What do you hope to achieve from this presentation?

---

---

---

Additional Details/Notes:

---

---

---

Facilities/Equipment Provided:

- Laptop
- Microphone
- Projector/Screen
- Internet

Estimated Audience Size: \_\_\_\_\_