

Alameda Alliance for Health Wellness Programs & Materials



Member Request Form – Alameda Alliance for Health (Alliance) provides health education at no cost. We want you to take charge of your health by having the best information possible. Please select from the topics below the written materials that you want us to send you. Please contact us to request these materials in other formats. More information and tools for living healthy can be found at www.alamedaalliance.org.



Classes & Program Referrals

- ☐ Asthma
- ☐ Breastfeeding Support
- ☐ Diabetes **(type 1 or type 2)**
- ☐ Diabetes Prevention Program **(prediabetes)**
- ☐ Healthy Eating, Exercise, and Weight
- ☐ Heart Health
- ☐ Parenting
- ☐ Pregnancy and Childbirth
- ☐ Quit Smoking

(We partner with Kick It California. If this box is marked, they will call the member directly. A valid phone number is required.)



Medical ID

Choose ID Type:

- ☐ Bracelet
- ☐ Necklace

Choose condition(s):

- ☐ Asthma
 - ☐ Child
 - ☐ Adult
- ☐ Diabetes
 - ☐ Child
 - ☐ Adult



Written Materials

- ☐ Advance Directive *(medical power of attorney)*
- ☐ Alcohol and Other Substance Use
- ☐ Anxiety, Depression, and Stress
 - ☐ Child
 - ☐ Teen
 - ☐ Adult
- ☐ Applied Behavior Analysis (ABA)
- ☐ Asthma
- ☐ Back Pain
- ☐ Birth Control
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Cookbook (Multicultural Flavors)
- ☐ Diabetes
- ☐ Domestic Violence
- ☐ Healthy Eating, Exercise, and Weight
 - ☐ Child
 - ☐ Adult
- ☐ Heart Health
- ☐ Parenting
- ☐ Pregnancy
- ☐ Preventive Care
- ☐ Quit Smoking
- ☐ Safety
 - ☐ Child
 - ☐ Adult
- ☐ Sexual Health

Name (self): _____

Alliance Member ID Number: _____

Child's Name (if applies): _____

Child's Member ID Number: _____

Address: _____

City: _____ Zip Code: _____

Signature: _____

(Parent/guardian signature if signing for a child)

Written Language: _____

Spoken Language: _____

Requested materials will be mailed to you. What other ways can the Alliance contact you? (Select all that apply)

☐ Phone: _____

☐ Email: _____

☐ Text: _____

You can access the online form on the Alliance Member Portal at

www.alamedaalliance.org, or mail a completed form to:

Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502

Phone Number: 1.510.747.4577 • Toll Free: 1.855.891.9169

People with hearing and speaking impairments (CRS/TTY):

711/1.800.735.2929



HE_MBR_WPM REQ FORM 09/2024
HED W-1 09/2025