

# 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](http://www.alamedaalliance.org).



## CLASSES & PROGRAM REFERRALS

- Asthma
  - Breastfeeding Support
  - CPR/First Aid
  - Diabetes
  - 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)
- 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: \_\_\_\_\_

**The requested materials will be mailed to you. Are there any other ways the Alliance can contact you?**

Please select all that apply:

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

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

Text: \_\_\_\_\_

**You can access the online form on the Alliance Member Portal at [www.alamedaalliance.org](http://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**

ALAMEDA  
**Alliance**  
FOR HEALTH

HE\_MBR\_WPM REQ FORM 08/2024  
HED W-1 07/2024