

**Department of Public Social Services  
Outreach Participation Request Form**



**Event Information**

To assist us with our planning and coordination, please complete this form and return it to the DPSS Community Outreach Coordinator in any of the following methods:

- E-mail: [outreachrequest@dpss.lacounty.gov](mailto:outreachrequest@dpss.lacounty.gov)
- On-line: <http://dpss.lacounty.gov/wps/portal/dpss/main/programs-and-services/outreach/request-outreach-services>
- Fax: (626) 927-9650
- Mail: 9320 Telstar Ave., Room 101, El Monte, CA 91731
- For more information, please call (626) 569-2905

**Please select one:**

<input type="checkbox"/>	<b>Request for Outreach Team</b>
<input type="checkbox"/>	<b>Request for General Information Only</b>
<input type="checkbox"/>	<b>Request for Mobile Unit Vehicle* with Outreach Team</b> ***Subject to availability***

<b>*Event Name:</b>	
<b>*Event Date:</b>	
<b>*Address:</b>	
<b>*City, State, Zip Code:</b>	
<b>*Event Type:</b>	<input type="checkbox"/> Public <input type="checkbox"/> Private
<b>*Event Host Company/Organization:</b>	

<b>*Event Start Time:</b>	Choose a time.	<b>*Set Up By:</b>	Choose a time.
<b>*Event End Time:</b>	Choose a time.	<b>*Take Down By:</b>	Choose a time.

<b>*Event Contact Person:</b>		<b>Title:</b>	
<b>*E-mail Address:</b>		<b>*Telephone Number:</b>	
<b>May we post this contact information on our website?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>*Languages Needed?</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Armenian <input type="checkbox"/> Cambodian	<input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Farsi <input type="checkbox"/> Korean	<input type="checkbox"/> Russian <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish
<b>*Number Expected to Attend?</b>		<b>*Specific Program Information Requested?</b>	<input type="checkbox"/> CalFresh <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Supportive Services <input type="checkbox"/> Other Program
<b>Oral Presentation?</b> <small>(Which programs?)</small>		<b>Have event flyers?</b> <small>(please email or fax)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Indoor/Outdoor Event?*</b>	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<b>Reserved Parking?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Assistance with Loading/Unloading?</b>		<b>List of Other County Departments Participating?</b>	
<b>Refreshments and Water Provided?</b>		<b>Names of Elected Officials Hosting/Attending?*</b>	
<b>Items Provided (Table, Chairs, Canopies, etc.)?*</b>	<input type="checkbox"/> Table How many: <input type="checkbox"/> Chairs How many: <input type="checkbox"/> Canopy How many:	<b>Media Presence?*</b> If yes, please list media attending in comments below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Comments/Other?</b>			

\*Required fields.