



California Access to Recovery Effort

(CARE 3)

Revised June 2011

MATERIALS REQUEST FORM

Requestor's Information:

Individual/Organization: _____

Shipping Address: _____

Phone Number: (_____) _____ CARE Provider ID (if applicable): _____

Items/Quantity:

Available to CARE case managers only:

_____ Youth Client Handbook _____ Veteran Client Handbook

_____ Business-Reply Envelopes (for client surveys which can be downloaded from website)

General Availability:

_____ English Brochure _____ Spanish Brochure _____ Bookmark/Calling Card

_____ Youth Poster _____ Veteran Postcard _____ Veteran Poster

Purpose: (If not a CARE provider, please explain how the materials will be used. For example, if brochures are needed for a community event, tell us the name of event, date, location, and expected number of attendees.)

Requested Due Date (Should be within reason and give us ample turnaround time):

_____ / _____ / 201__

**RETURN MATERIALS REQUEST FORM TO ISABEL BAXTER,
DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS,
VIA FAX AT 916-445-0846**