

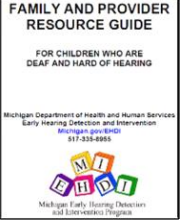




Michigan Early Hearing Detection & Intervention Program Order Form

Please fax order form to 517-763-0183

P.O. Box 30195 ♦ Lansing, MI 48909 ♦ Phone: 517-335-8955

NEWBORN HEARING SCREENING		
	<p>Michigan's Newborn Hearing Screening Program Brochure</p> <p>A parent brochure explaining the hearing screening process. The content is in a question-and-answer format coupled with a developmental milestone schedule.</p>	<p># of packages: 100 for English & 50 for Spanish & Arabic</p> <p>_____ English-1324 _____ Spanish-1324s _____ Arabic-1324a</p>
	<p>Hearing Screening Results Crib Card</p> <p>For birth hospitals to document the newborn hearing screen results for families and provide information on language development.</p>	<p># of packages: 100 per package</p> <p>_____ English-1223 _____ Spanish-1223s _____ Arabic-1223a</p>
AFTER DIAGNOSIS		
	<p>Services for Children Who are Deaf or Hard of Hearing</p> <p>A Guide for Families and Providers-68 pages</p> <p>For providers and families of children with hearing loss, provides information on hearing loss, communication options, early intervention and state and national resources.</p>	<p># of packages: one per package</p> <p>_____ English-0376 _____ Spanish-0376s</p>
	<p>Michigan Hands & Voices™ Guide By Your Side Brochure™</p> <p>A parent-to-parent program for families with young children identified as deaf or hard of hearing. Families may sign up to be matched with a trained Parent Guide who is another parent of a child who is deaf or hard of hearing.</p>	<p># of packages: 50 per package</p> <p>_____ English-1411</p>
	<p>Michigan Hands & Voices™ Brochure</p> <p>An organization dedicated to non-biased support for families of children who are deaf or hard of hearing. This brochure provides information about all its programs to support families, and instructions on how to join.</p>	<p># of packages: one per package</p> <p>_____ English</p>

EHDI reserves the right to restrict quantities to an annual expected usage. All materials are provided at no cost.

Name: _____ Date: _____

Organization: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Accounting Code: 491EG3638

Unit: 2CPK

Routing/Mailroom: _____

Updated: 8/2022