

Michigan Early Hearing Detection & Intervention Program Order Form

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

Please fax order form to 517-763-0183

	<p>Michigan's Newborn Hearing Screening Program Brochure 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 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>
	<p>Services for Children Who are Deaf or Hard of Hearing: A Guide for Families and Providers-68 pages 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™ 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 An organization dedicated to non-biased support for families of children who are deaf or hard of hearing. This brochure provides information about all of its programs to support families, and instructions on how to join.</p>	<p># of packages: one per package</p> <p>_____ English</p>
	<p>Loss & Found DVD For birth hospitals or other providers to utilize in educating parents when babies do not pass the newborn hearing screening, and to encourage families to follow through with further testing. Note: It is recommended that this video be added to the in-house television loop.</p>	<p># of packages: one per package</p> <p>_____ English</p>

***EHD reserves the right to restrict quantity of brochures to hospitals based on birth population/need.**

Name: _____ Date: _____

Organization: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

PLEASE NOTE: ALL EHD MATERIALS ARE PROVIDED AT NO COST.