Project RADAR Resource Request Form

Orders may be mailed to the Virginia Department of Health, DIVP, 109 Governor Street, 8th Floor, Richmond, VA 23219 or faxed to 804-864-7748, attn: Laurie Crawford. Please allow **a minium of two to three weeks** for orders to be processed.









RADAR Booklet

Pocket RADAR Guide

Making the Connection Brochure

Business Card-Sized
Patient Resource Card
____Eng (sets of 50)
___Span (sets of 50)

Are you tired of making excuses for him?





| Routinely ask ALL pregnant women | Are you in a relationship with a person who physically hurts or threatens you? |
|---|--|
| AND | Tell . |
| Marin Daris | THAMES OCTO |
| ANTONIA SAME | |
| Virginio Family Violence & Sexual Assault Haffine 1-800-838-8238 (V/TTY) | RADAR |

| Posters (variety)EngSpan | | ButtonsEnglishSpanish | Pregnancy Wheels (for OB/GYN setting) |
|--------------------------|---|-----------------------|---------------------------------------|
| Send materials to: | Name: Title/Organization: Street Address (Cannot sh | | |

Title/Organization:

Street Address (Cannot ship to PO Boxes):

City/State/Zip:
Phone:
E- Mail:
Will you be using these materials for a training workshop?

yes ____no

If yes, please indicate:
Group to whom you are presenting:
Place/Location of Workshop:
Date of Presentation(s):

Length of Presentation(s):