

QUALITY IMPROVEMENT MATERIALS ORDER FORM

***Please keep copies of the QI Materials Order Form on file for future ordering.
Please specify quantity and language when applicable.***

Today's Date: _____ Agency Name: _____

Complete Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: () _____ Fax: () _____

Email Address: _____

- **Advance Medical Directives:**

English _____ Spanish _____ Vietnamese _____ Chinese _____ Tagalog _____
Armenian _____ Cambodian _____ Farsi _____ Korean _____ Russian _____

- **Client Brochure (Guide to Medi-Cal Mental Health Services):**

English (Small Print) _____ English (Large Print) _____ Spanish _____ Vietnamese _____
Chinese _____ Tagalog _____

- **Notice of Action Forms (NOA-A):**

English _____ Spanish _____ Vietnamese _____ Chinese _____ Tagalog _____

- **Perforated Cards:** Qty. _____

(Please indicate number of sheets needed - 4 business cards per sheet)

- **Prepaid Envelopes:** Qty. _____

- **Plastic Brochure Holders:**

Small Plastic Holder (4-Tier) Qty. _____ Large Plastic Holder (4-Tier) Qty. _____

**Fax Order Form to: Quality Improvement Program - SCCMHD
Phone: (408) 793-5894 Fax: (408) 288-6113
650 South Bascom Avenue Room # 30, San Jose, CA 95128**