



Independence Blue Cross & Highmark Blue Shield

Caring Foundation



CHIP/adultBasic/Special Care^{SM**} Material Request Form

Name: _____ Date: _____

Organization Name: _____

Address: _____

Phone: _____ County: _____

FAX: _____ Email: _____

Materials Requested

Quantity Requested

CHIP/adultBasic – Application

- CHIP/adultBasic Application, English _____
- CHIP/adultBasic Application, Spanish _____

CHIP – Flyer, Easel, Poster

- CHIP Flyer (2-sided, English and Spanish) _____
- CHIP Table-Top Easel w/tear-off card (English) _____
- CHIP Table-Top Easel w/tear-off card (Spanish) _____
- CHIP Poster w/tear-off card (English) _____
- CHIP Poster w/tear-off card (Spanish) _____

Special Care – Application

- Special Care Application (English) _____

Asian Outreach Initiative: South Philadelphia, North Philadelphia and Chinatown

- Chinese (2-sided, Chinese & English) _____
- Vietnamese (2-sided, Vietnamese & English) _____

Comments:

1-800-464-5437

FAX 215-241-3679

Online order form available at www.caringfoundation.com/outreach

Caring Foundation-Outreach Dept.·1901 Market Street, 18th floor, Philadelphia, PA 19103

3/08

** Special Care is not affiliated with SPECIAL CARE, Inc., a home care company.