POSITIVE DIRECTIONS
#GETTESTEDICT

PREVENTION SUPPLY REQUEST FORM

Thank you for your interest in Positive Directions, Inc. (PDI) prevention supplies. Please complete this form to request HIV/STI prevention materials for community outreach, education, events, or client services.

REQUESTOR INFORMATION

Name: _____

Company / Organization / Institution:

_____

Email: _____

Phone Number: _____

Preferred Method of Contact:

☐ Email ☐ Phone ☐ Text

REQUEST INFORMATION

What will the supplies be used for? (Check all that apply)

☐ Community outreach ☐ Client services

☐ Educational event ☐ Campus / school outreach

☐ Health fair / tabling event ☐ Other: _____

Event / Program Name (if applicable): _____

Date Supplies Are Needed: _____

Estimated Number of People to Be Served: _____

Requested Delivery / Pickup Date: _____

PREVENTION SUPPLIES REQUESTED

SUPPLY	QUANTITY REQUESTED
Latex Condoms	_____
Non-Latex Condoms	_____
Internal Condoms	_____
Water-Based Lubricant	_____
Silicone-Based Lubricant	_____
Dental Dams	_____
Prevention / Educational Brochures	_____
Other: _____	_____

ADDITIONAL INFORMATION

Please provide any additional information about your request, including specific outreach needs, populations served, or event details:

_____

_____

_____

_____

DISTRIBUTION / FULFILLMENT

How would you prefer to receive supplies?

☐ Pick up from Positive Directions

☐ Delivery, if available

☐ Other: _____

Delivery Address (if applicable):

_____

_____

_____

_____

REQUESTOR AGREEMENT

By submitting this request, I understand that:

- Supplies are provided based on availability and PDI program guidelines.
- Quantities requested may be adjusted based on current inventory and community need.
- Prevention supplies are intended for HIV/STI prevention, education, outreach, and client-support purposes.
- PDI may contact me for clarification or additional information regarding this request.

Requestor Name: _____

Signature: _____ **Date:** _____

FOR POSITIVE DIRECTIONS USE ONLY

Date Request Received: _____

Reviewed By: _____

Approved: ☐ Yes ☐ No ☐ Modified

Date Fulfilled: _____

Supplies Provided:

_____

_____

_____

Fulfillment Method:

☐ Pickup ☐ Delivery

☐ Other: _____

Staff Initials: _____

Notes:

_____

_____

_____

_____

Educate. Empower. Prevent. ♥ *We're in this together.* ♥