



Order Influenza Outreach Material

Requestor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-mail: _____

Influenza Outreach Materials	# Requested
Brochure DHS 4371 (N-10-06) (English Only)	
Flyer 8 1/2" x 11" DHS 4372 (N-10-06) (English only)	

Mail Request to:

Illinois Department of Human Services
Division of Developmental Disabilities
319 East Madison, Suite 4J
Springfield, Illinois 62701

Fax Requests to: 217-782-9444

E-mail Request to: DHSBBP@illinois.gov