

Elder Abuse Awareness Materials Order Form

Please complete this form in its entirety and email to Lorrie.Dalton@dhw.idaho.gov



Business Name _____

Contact Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Please complete the quantity you are requesting for each item and the date you would like to pick up the materials. All items will be picked up by the requestor at the local Medicaid office.

Requested date for pickup	
Item	Quantity
Brochures	
Postcards	
Black & White Posters	
Colored Poster	
Action Cards	



**DON'T IGNORE IT.
REPORT IT.**

877-799-4430

<https://medicaidcomplaints.dhw.idaho.gov>

Please visit our [website](#) for printable materials. Please consider taking the FREE Elder Abuse Awareness and Prevention training located [here](#).