

# NALOXONE INTAKE FORM

## Overdose Awareness Day and Recovery Month Events

*Only utilize this form annually for events on August 1 through September 30*

### FOR OFFICE USE ONLY

Form identification number: \_\_\_\_\_

Date of Kit Distribution: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of kits provided: \_\_\_\_\_

How is this naloxone funded?

☐ ODH Project DAWN ☐ Other (non-ODH) \_\_\_\_\_

What is the role of the person distributing naloxone?

- ☐ Community Health Worker/Public Health Professional
- ☐ First Responder/Law Enforcement Officer
- ☐ Healthcare /Behavioral Health Provider
- ☐ Lay Distributor
- ☐ Peer
- ☐ Pharmacist
- ☐ Volunteer
- ☐ Other

#### Distribution Setting:

- |   |  |
|---|--|
| <input type="radio"/> Community Access Point        | <input type="radio"/> Online Mail-order          |
| <input type="radio"/> Court System                  | <input type="radio"/> Pharmacy                   |
| <input type="radio"/> ED/Urgent Care                | <input type="radio"/> QRT                        |
| <input type="radio"/> FQHC/non-LHD Clinic           | <input type="radio"/> School/University          |
| <input type="radio"/> Hospital System               | <input type="radio"/> Street Outreach            |
| <input type="radio"/> Jail/Corrections              | <input type="radio"/> Syringe Service Program    |
| <input type="radio"/> Leave-Behind (EMS/LEO)        | <input type="radio"/> Treatment/Recovery         |
| <input type="radio"/> Local Health Department (LHD) | <input type="radio"/> Vending/Dispensing Machine |
| <input type="radio"/> Mobile Unit                   | <input type="radio"/> Other _____                |

Zip Code of Distribution Setting: \_\_\_\_\_

☐ N/A (online)

County of Distribution Setting: \_\_\_\_\_

☐ N/A (online)