# DAS OUTREACH REQUEST

Thank you for your request to work with the Department of Disability and Aging Services (DAS). Please fill out this form and email it back to DASOutreach@sfgov.org. DAS will get back to you as soon as possible.

**Requestor’s Name:**

**Requestor’s Agency:**

**Requestor’s Phone Number:**

**Requestor’s E-mail:**

**Event Name:**

**Event Date & Time:**

**Event Location:**

**Estimated Number of Attendees:**

**Additional language needed for outreach materials:**

[ ]  Spanish [ ]  Chinese [ ]  Russian [ ]  Vietnamese [ ]  Tagalog

**Is bilingual staff required for your event?** [ ]  Yes [ ]  No

**If yes, please specify the language/s:**

**Event Type:**

[ ]  Community Event [ ]  Presentation [ ]  Resource/Health Fair

[ ]  Other:

**Event description & special requests:**