CHOP-In-A-Box Toolkit Request Form

Requesting Organization Information:

Organization Name: ____________________________________________

Organization Address: ____________________________________________

Street Number Street Name Apt/Unit City, State Zip

Organization Phone: (______) _______ - _________ Organization Fax: (______) _______ - _________

Main Contact Person Information:

Contact Name: ____________________________________________

Contact Address: ____________________________________________

Street Number Street Name Apt/Unit City, State Zip

E-Mail Address ____________________________________________@_______________

Contact Primary Phone: (______) _______ - _________ Secondary Phone: (______) _______ - _________

What is your relationship to the requesting organization? __________________________

What grade and age levels will be using the CHOP-In-A-Box Toolkits? __________________________

(Toolkits are aimed to teach at the 6th and 7th grade level)

How many students will be using the CHOP-In-A-Box Toolkits? __________________________

(The toolkit includes provisions for 20 students; however, the toolkits may be used by more if the organization can raise the funds for any additional number of students that surpass the 20 base students.)

Will your organization provide staffing to teach the CHOP Program? __________________________

Potentially, what dates would you like to reserve the Toolkit for? __________________________

(Toolkits can be reserved for up to 10 weeks at a time)

If requesting organization is a School, please fill out the following information:

Principal Name: ____________________________________________

Principal Phone: (______) _______ - _________

School Parish: ____________________________________________

School Type (Circle One): Public Catholic Private Other: __________________________

School Type (Circle One): Elementary School Middle School High School
Will the Requesting Organization be able to pick-up and return the toolkits?  □ Yes  □ No

Please read the following information very carefully and keep for your records.

- Applications for CHOP-In-A-Box Toolkits will be reviewed by the Community Outreach staff. Approval is based upon date availability and eligibility (see below). The contact person listed on the application will be notified if the application has been approved. The toolkit reservation dates will be communicated to the Contact Person at the time of approval notification.

- **Eligibility** - To be considered for the CHOP-In-A-Box Toolkits, the organization/school must:
  - Be a Title I School or Community Organization that who works with underserved youth/communities.
  - Use the toolkits to teach 6th and 7th grade students.
  - Provide staffing to teach the program (Ochsner will not provide staff for teaching).

- Upon approval, the contact person will receive the CHOP-In-A-Box Memorandum of Understanding that must be signed by the organization/schools signatory. The approved organization/school must return the MOU one week prior to the set toolkit training date discussed.

- Once approved and an MOU is signed and returned the community organization/school will responsible for:
  - Participating in the Ochsner Health System CHOP-in-a-Box Toolkit Program for the duration of the program (8-10 weeks) or timeframe otherwise stated: **Please note that other community organizations will be scheduled and waiting to receive the toolkits upon your completion of the dates agreed upon.**
  - Providing the necessary space and staffing to teach all sessions of CHOP.
  - Communicating regularly with our CHOP-in-a-Box staff.
  - Completing a toolkit evaluation form at the conclusion of the program.
  - If a gift card is provided, all receipts must be saved and submitted to CHOP administrators no later than one week after the conclusion of the program. **Please note that the CHOP-In-a-Box toolkits care designed to reach 20 students total during the program. If your organization chooses to run the CHOP program for more than 20 total students, your organization will be responsible for covering any additional costs.**
  - **Cleaning** and ensuring that all contents originally given in the toolkits are accounted for and returned back to Ochsner Health System.

All request forms must be faxed or e-mailed to:
Attn: Ochsner Community Outreach - CHOP
FAX: 504-842-1292
EArceneaux@ochsner.org

For questions or more information please call:
Ochsner Community Outreach
(504) 842-5919