Inquiry Form

Date: _____ Inquiry Number: _____

Name: _____

Address: _____

County: _____

City: _____ State: _____ Zip: _____

Home Phone: (____)_____ Work Phone: (____) _____

Cell Phone: (____)_____ Email: _____

How contacted program:

- ❑ Phone: _____
- ❑ Letter: _____
- ❑ Walk-in: _____
- ❑ Other: _____

How heard of program:

- ❑ Newspaper (name): _____
- ❑ Radio (station): _____
- ❑ Social Media (type): _____
- ❑ Other program participant (name): _____
- ❑ Employer (name): _____
- ❑ Agency (name): _____
- ❑ TV (channel): _____
- ❑ NEDP web site _____
- ❑ Staff member (name): _____
- ❑ Friend/relative (name): _____
- ❑ Brochure: _____
- ❑ Poster: _____
- ❑ Other: _____

Information sent?

Date: _____ Type: _____

Further action taken/disposition:

_____

_____

Person handling inquiry: _____

