

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH  
ORAL HEALTH PROGRAM (OHP)**

**INCENTIVE REQUEST FORM**

(Form Valid From Jan. 01, 2019 to Dec. 31, 2020)

Requestor's Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Event Title: \_\_\_\_\_ Date: \_\_\_\_\_ Start/End Time: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide brief details about your event/organization and target population:

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Number of participants expected: \_\_\_\_\_

What incentives are you requesting from the Oral Health Program for your event? Please select.  
**Maximum 35 kits or 100 individual items total only.**

\_\_\_\_\_ Toothbrushes \_\_\_\_\_ Toothpaste \_\_\_\_\_ Mouth Rinse \_\_\_\_\_ Kits (toothpaste, toothbrush, either floss or mouth rinse)

Will there be an opportunity for participants to demonstrate their knowledge of oral health care? \_\_\_\_\_ Yes \_\_\_\_\_ No

How will the incentives be distributed? **(Select all that apply)**

- During presentation
- After demonstration
- At a table
- Bag
- Other \_\_\_\_\_

How do you envision the incentives are going to improve the community's oral health?

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**\*Required:** We at the Oral Health Program would like to assure that your organization stay in the know on oral health. What topic(s) would your organization be interested in receiving? **(Select all that apply)**

- Oral Health 101
- Children Oral Health
- Vaping and Oral Health
- Oral Health Status of LA County

Who should we contact to set up a time?

Name: \_\_\_\_\_ Telephone or Email: \_\_\_\_\_

**Submit Form**