HIV/STD Section
Montana Dept. of Public Health and Human Services
Cogswell Building
1400 Broadway, Room C-211
Helena, MT 59620

Montana HIV/AIDS Materials
Application and Review Form

Title of Material: _____

Applicant (agency name): _____

Contact person:_____ Phone: _____E-mail: _____

Mailing Address: _____

Date Submitted: _____

Item Format

☐ Brochure/Pamphlet ☐ Poster ☐ Audiovisual (VCR, CD-rom, DVD)

☐ Questionnaire ☐ Curriculum ☐ Other (specify) _____

Target Audience

☐ General Public ☐ Gay/Lesbian/Bisexual/Transgender ☐ Injecting Drug Users

☐ Youth ☐ Health professionals ☐ Other _____

School Use

☐ No
☐ Yes (mark recommended levels of use) →

☐ Grades K-3
☐ Grades 4-6
☐ Grades 7-8
☐ Grades 9-12

☐ College
☐ Alternative Schools/ Correctional Facilities
☐ School Staff

THIS SECTION TO BE COMPLETED BY DPHHS AND OPI STAFF

DPHHS has reviewed and approved this material for medical accuracy. ☐ Approved ☐ Disapproved

OPI has reviewed and approved this material for school use and appropriate grade level use.
☐ Approved ☐ Disapproved

Approval of materials is intended only for the audience identified on this review document. Use and/or disbursement of this material beyond the intended audience is not the responsibility of the DPHHS/OPI AIDS Review Panel.

Comments:

Material is: ☐ **Approved** ☐ **Disapproved**

_____ _____ _____
AIDS Review Panel Member Signature **Print Name** **Date**