

READ

TO

ME

Share the joy of books from the beginning!
READ TO ME Application

Contact Information

Site Name: _____ Contact Name: _____

Credentials: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____

Fax: _____

Site Information

1. How many newborns are served by your facility per year? _____

2. Identify your patient population by percentage:

Medicaid _____

Private Insurance _____

Uninsured _____

Other (Please Specify) _____

Total **100%**

3. Ethnic Breakdown:

White _____

Latino _____

Asian _____

African American _____

4. Language Needs:

