

Request for QPR Booklets

Today's Date: _____

Total Booklet (available in sets of 50)	Cost Each	Total	Date Needed
	\$0.35		

Contact Information:

Name: _____

Phone: _____

Email: _____

Ship Booklets To:

Name: _____

Street Address: _____

City: _____ State: KY Zip: _____

Payments must be made to **“Bluegrass MHMR Board, Inc.”** and include **“KSPG-Suicide Prevention”** in the memo section. Payments should be received with your order.

** If an address is to be included on your payment, please utilize the following:

RE: DMHMRS/ QPR Booklet Deposit
1351 Newtown Pike
Lexington, KY 40511

Please allow at least two weeks for booklet requests to be processed.

Forward all booklet requests directly to:

Michael Mcfarland, **QPR Booklet Request**
Dept. for Mental Health & Mental Retardation Services
Division of Mental Health & Substance Abuse
100 Fair Oaks Lane, 4E-D
Frankfort, KY 40621

For internal use only:

Date rec'd: _____

Payment rec'd: Yes No

Date Order request sent to Pamphlet Library: