



ADULT SURVEY CONTACT INFORMATION

CONTACT:

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Healthy Delawareans with Disabilities 2010 is a two-year project to set up a health and disabilities program within the state of Delaware. I understand as a part of the project there is a survey, and I may be interested in taking the survey. Please contact me to inform me about the project.

I am interested in participating [] in the Healthy Delawareans with Disabilities Survey

I prefer to be interviewed using (Please check only one):

- [] Telephone survey [] Survey at a public site [] In-home survey

Print Name

Signature

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ E-Mail: _____

Nature of my condition/disability: __ Cognitive __ Physical ___ Vision __Hearing

Accommodations needed:

___ Sign Language Interpreter Language: _____

___ Foreign Language Language: _____

Other Accommodations (Please specify): _____

