



Raising Readers

Raising Readers Application for Health Care Site Participation

County: _____

1. Site Information:

Full Site Name: _____

Shipping (Street) Address _____

2. Key staff of your site: (For descriptions see back of form.)

Raising Readers Physician Contact:

Name _____

Title _____

Phone #: (_____) _____ e-mail: _____

Raising Readers On-Site Coordinator:

Name _____

Title/Position: _____

Mailing address: _____

Phone #: (_____) _____ e-mail: _____

Fax #: (_____) _____

P.O. Box 17826 • Portland, Maine 04112 • (800) 397-3263 • www.raisingreaders.org

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Children's Hospital
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3. **How many** of each of the following types of providers **at this location** see pediatric patients?

_____Pediatricians

_____Physician assistants

_____Family Practice physicians

_____Nurse practitioners

Of these providers, how many are Resident Physicians? _____

4. Approximately how many children, ages birth to 5 years, are served by your practice? _____

5. Approximately how many well child exams are done at your site each **year** for children ages 2 months to 5 years? _____

Staff descriptions

Raising Readers Physician Contact: This person can be the medical director or a pediatric provider. He or she should be willing to be the physician “voice” for Raising Readers—encouraging clinicians at the site to participate and understanding the importance of including literacy in early pediatric care.

Raising Readers On-site Coordinator: This person is responsible for the implementation of the Raising Readers Program at the site. This includes: Sending book orders and periodic reports to Raising Readers, assigning and maintaining storage space for RR books, and assuring books are given by clinicians during each well child visit for children ages 2 months to 5 years.

Please complete and return both sides of this form to Raising Readers:

Mail to:

or

Fax to:

Raising Readers
PO Box 17826
Portland, ME 04112

Raising Readers
(207) 761-3033

Questions?

Southern and Central Maine:

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