



REQUEST FOR PATERNITY OPPORTUNITY PROGRAM (POP) MATERIAL

<u>ITEM</u>	<u>QUANTITY</u> Request the exact number of each you need.
ESTABLISHING PATERNITY BROCHURE	English _____ Brochure(s) Spanish _____ Brochure(s)
PARENT SURVEY ON THE ACKNOWLEDGMENT OF PATERNITY (Personalized Parent Survey with your Entity name and Entity Code emailed to you)	Email address: _____
VOLUNTARY ACKNOWLEDGMENT OF PATERNITY INFORMATION SHEET Form 1608 (bilingual)	_____ Sheet(s)
FATHERHOOD POSTER 24" x 14" (bilingual)	_____ Anglo Poster(s) _____ Latino Poster(s) _____ African-American Poster(s)
"GIFT OF PARENTHOOD" VIDEO (Not available in Spanish at this time; <u>FOR FACILITY USE ONLY</u>)	_____ Video(s)

Mail To

ATTN: _____

FACILITY: _____

ADDRESS: _____

CITY / ZIP: _____

PHONE: _____

E-MAIL: _____

Office of the Attorney General
Community Services & Volunteer Program
Paternity Opportunity Program
FAX your request to (512) 460-6043

NOTE: For AOP forms, Call VSU at (512) 458-7111 or fax the appropriate requisition form to (512) 458-7506.