



Client wants local in-person help

(If client selects, please check box)

Step 1: Staff completes their portion of the referral form.

Step 2: Client completes and signs their portion of the Tobacco Cessation Referral Form.

Step 3: Staff makes a copy for client.

Step 4: Staff faxes completed form to the local AHEC @ 813.929.1009 or by efax to: mhodgson@gnahec.org



Client wants online help

(If client selects, please check box)

Step 1: Staff completes their portion of the referral form.

Step 2: Client completes and signs their portion of the Tobacco Cessation Referral Form.

Step 3: Staff makes a copy for client.

Step 4: Staff faxes completed form to the Florida Quitline @ 1.866.688.7577 or by efax to: supportservices@alere.com



Client wants to use the telephone for help

(If client selects, please check box)

Step 1: Staff completes their portion of the referral form.

Step 2: Client completes and signs their portion of the Tobacco Cessation Referral form.

Step 3: Staff makes a copy for client.

Step 4: Staff faxes completed form to the Florida Quitline @ 1.866.688.7577 or by efax to: supportservices@alere.com

CareerSource & Tobacco Free Florida Tobacco Cessation Referral Form

CareerSource Location: _____

Region #: _____

Local AHEC: Gulfcoast North Area Health Education Center

STAFF TO COMPLETE (Please type or print)

Today's Date: _____

Staff: _____

Phone: _____

Email: _____

I have obtained permission for Tobacco Free Florida to contact the client to discuss free cessation services.

The best time to reach the client is:

Morning - 8:00 am – 10:00 am

Afternoon - 11:00 am – 5:00 pm

Evening - after 5:00 pm

No client will be contacted after 9:00 pm E.T.

Client's Name: _____

County: _____

Best Contact Number: _____

Alternative Number: _____

CLIENT TO COMPLETE (Please check preferred box & sign)

With my signature below, I provide permission for Tobacco Free Florida to contact me.

If I am unavailable when called:

you **may** leave a message

you **may not** leave a message

Client's Signature: _____