

Publication Order Form

Children and Youth with Special Health Care Needs Program Bureau of Child Health, NYS Department of Health

Instructions

Complete and mail, fax, or email to:

NYS Department of Health
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(Remember to include all the information requested on this form in your email.)

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Language	Publication Number	Quantity
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Resource Directory for Children and Youth with Special Health Care Needs

Language	Publication Number	Quantity
English	0548	_____
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Chinese	4816	_____
Russian	4817	_____
French	4818	_____

H.I. Doc. (Health Information Document)

Language	Publication Number	Quantity
English	0972	_____
Spanish	0973	_____
French	0974	_____
Russian	0976	_____
Chinese	0975	_____