

Local Agency Peer Counselor Equipment Survey

Please complete the survey and return it to Danni Minker by October 4, 2010 (See contact information at bottom). Note: When requesting more than one of an item, please list the clinic sites where the equipment is needed in the far right column.

Contact Name _____

Agency _____

Phone _____ Email _____

1. How many Peer Counselors will you have? _____
2. Do you already have a dedicated workstation/laptop for them? _____
3. Is there an available power outlet near where the equipment will be used? _____
4. Is there an available and working network jack near where the equipment will be used?

5. Will these workstation(s)/laptop(s) be considered permanent or will they have to be packed up and put away on a regular basis? If so, how often?

6. Will there be local IT staff involved in the placement of this equipment? _____
7. Identify equipment and supply needs below:

Equipment and/or supplies	Number needed	Clinic site(s) (where equipment is needed)
Laptop – includes surge protector and cables, and laptop case.		
Workstation – includes pc and flat panel monitor, keyboard, mouse		

Return completed survey to Danni Minker by October 4, 2010 at:

Fax: 360-236-2320 or email: danni.minker@doh.wa.gov

Questions? Call 1-800-841-1410, extension 3608

For persons with disabilities, this document is available on request in other formats.
To submit a request, please call 1-800-841-1410 (TDD/TTY 1-800-833-6388).

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