

# Who Helped You Learn the Signs and Act Early?

## Nominate **YOUR** Champion for Families

### 1. Your name and contact information

Name \_\_\_\_\_ Address \_\_\_\_\_  
Street City State Zip Code

Phone \_\_\_\_\_ Email \_\_\_\_\_

I agree to be contacted by "Learn the Signs. Act Early." campaign staff. Initial here \_\_\_\_

The best way to contact me is \_\_\_\_\_ phone; \_\_\_\_\_ email The best time (s) to call: \_\_\_\_\_ am pm

### 2. Person you are nominating – Your family champion (Champion)

Name \_\_\_\_\_ Address \_\_\_\_\_  
Street City State Zip Code

Phone \_\_\_\_\_ Email \_\_\_\_\_

### 3. Champion's relationship to your family

Doctor/Nurse  Friend  Child Care Provider  Neighbor  Family Member  Other (Specify) \_\_\_\_\_

### 4. What did your nominee do to help you learn the signs and act early? (Briefly tell your story in 150-200 words)

### 5. How would you describe your nominee in one sentence?

### 6. Is there anything else you want to tell us about your nominee? (1-2 sentences)

Send your completed nomination form by mail, fax, or email.

**Email:** [actearly@cdc.gov](mailto:actearly@cdc.gov)

**Fax:** Learn the Signs. Act Early at 404-498-3550.

**Mailing address:** Champions for Families,

CDC/NCBDDD, MS E86; 1600 Clifton Road NE, Atlanta, GA 30333



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

Learn the Signs. Act Early.