



Novant Health Community Care Cruiser

Mobile Health Services Request Form

Novant Health provides remarkable healthcare that extends outside of our hospitals. The Community Care Cruiser, our mobile clinic, provides immunizations (vaccines) to uninsured, underinsured, or Medicaid eligible children ages 0-18 in the greater Charlotte area. We also offer Pfizer COVID-19 vaccines to ages 5 and up, and FLU vaccines (in season).

Our RemarkableYou health screening program offers blood pressure, cholesterol, and pre-diabetes checks by helping community members (**age 18 and over**) know their numbers to prevent serious health events and increase access to healthcare services. These screenings aim to serve those who are uninsured, underinsured, have no primary care physician or medical home, and those who have undiagnosed prediabetes or diabetes.

To request an event, please complete the form below and return to CommunityCruiser@novanthealth.org at least **60 days prior** to the requested event date, this does not guarantee a clinic will be approved. All requests are evaluated based on logistics.

Note: **Immunizations for children under the age of 12 must be accompanied by a parent or guardian.**

Partner/Requestor Information

Organization/school Name:	
Address:	
City/State/Zip:	
Requestor/Contact Name:	
Phone #:	
Email Address:	

Event Details

Event Date(s):	
Event time:	
Event location*:	
Service requested:	
Approx. # of participants:	<input type="checkbox"/> < 10 <input type="checkbox"/> 10-29 <input type="checkbox"/> 30-49 <input type="checkbox"/> 50+
Age range of participants:	



Do any terms below describe the majority population of your organization? (Check all that apply)

- Low-income
- Racial/ethnic minority (Black/African American, LatinX/Hispanic, Asian, etc.)
- Homebound/shut in
- Non-English speakers
- None of these apply

Please indicate which of the following requirements your location offers:

- Paved level area free of wires and tree branches
- Parking lot with at least 20 spaces
- Indoor workspace without stairs
- Restrooms
- Breakroom/Conference room
- Tables and chairs
- Wi-Fi and power

Describe the transportation options available to those in your organization.

- Most people we serve have access to their own transportation
- My organization can help transport those we serve (buses, vans, individual volunteers, etc.)
- Most people we serve struggle with transportation and our organization does not provide it

If you have already connected with a Novant Health team member about your interest, what is the team member's name? _____

I acknowledge that by completing this form, I am expressing my interest in partnering with Novant Health and this expression of interest does not guarantee my organization will become an event site. Timelines and availability are determined by supplies, logistics, as well as staffing. A Novant Health team member will follow up within 10 business days of form submission regarding next steps.

I have read and understand this statement.

Name and date