



NEWSLETTER SIGN-UP FORM

Stay connected! Sign up to receive information from ODHH.

Full Name: _____

Email Address: _____

Phone (optional): _____

County:

☐ New Castle ☐ Kent ☐ Sussex

Preferred Language for Updates:

☐ English ☐ ASL (video links) ☐ Both

I am interested in: (check all that apply)

- ☐ News & Announcements
- ☐ Workshops & Trainings
- ☐ Assistive Devices Information
- ☐ Community Events
- ☐ Visitor Card Updates

Permission:

☐ I agree to receive email communications from ODHH.

Signature: _____

Date: _____