COMMUNITY RESOURCE INFORMATION
9/9/2021
Where: Virtual by Zoom

When: Tue's 9/14, 21, 28, 10/5, 12, 19, 4:30 pm

Contact: Peggy or Cori

Phone: 785-232-0062, x118

Email: pderuy@ksu.edu or csingleton@ksu.edu

Classes are free. All are welcome.
Shawnee County EFNEP, 1740 SW Western, Topeka KS 66604
https://www.shawnee.k-state.edu/
**Free Health Screenings**

- Nutrition & Exercise
- Heart Disease
- Diabetes
- Blood Pressure & Pulse

**Free Patient Education**

**NO MOBILE HEALTH CLINIC OCTOBER 12TH.**

September 7th - November 16th, 2021
201 NE Chandler St., Topeka, KS 66616
Our Lady of Guadalupe Church Parking Lot.

Thursdays from 9:00am - 3:00pm

**MOBILE HEALTH CLINIC**

is offering a FREE
Washington University School of Nursing
in partnership with

De Topex

El Centro
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<tr>
<th>Examen de Salud</th>
<th>Cautela</th>
<th>Reviseion de Medicamentos</th>
<th>Diabetes</th>
<th>Peso/IMC</th>
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Getting ready to close on a new home and need down payment assistance?

*Homebuyer Counseling and Education required and provided free by HCCI via phone, Zoom or face-to-face in HCCI’s Topeka office.

This $4,000 is available until September 27, 2021 and can be paired with other homebuyer programs.

HCCI, a HUD-approved Housing Counseling Agency, has partnered with Federal Home Loan Bank (FHLB), Topeka, to facilitate their Affordable Housing, Homeownership Set-Aside Program.

If you are close to closing on your home and might qualify, please call us at 800-383-0217 or email - hcci@housingandcredit.org.

Get $4,000 for Mortgage Down Payment Assistance — if you are a family of 4 or larger, buying a 3-BR or larger home in any Kansas County and have an annual household income at or below 80% of 2021 Affordable Housing Program (AHP) Income Limits (call for details).

Example: $62,150 for Shawnee County family of four or $70,700 for Douglas County family of 4.

HCCI is a nonprofit organization in business since 1972 - providing financial, homebuyer and tenant landlord counseling and education.

HCCI's mission is to counsel and educate ALL people to achieve their personal housing and financial goals.

License # CSL.0000003 * www.HousingAndCredit.org * https://www.facebook.com/HCCIKansas
INFORMED CONSENT FOR COVID-19 TESTING

1. Authorization and Consent for COVID-19 Diagnostic Testing:

- I voluntarily consent and authorize the Kansas Department of Health and Environment ("KDHE") to conduct collection, testing, and analysis for the purposes of a COVID-19 diagnostic test.
- I acknowledge and understand that my COVID-19 diagnostic test will require the collection of an appropriate sample through a nasopharyngeal swab, oral swab, or other recommended collection procedures.
- I understand that there are risks and benefits associated with undergoing a diagnostic test for COVID-19 and there may be a potential for false positive or false negative test results.
- I assume complete and full responsibility to take appropriate action with regards to my test results. Should I have questions or concerns regarding my results, or a worsening of my condition, I shall promptly seek advice and treatment from an appropriate medical provider. I understand that I am not creating a patient relationship with KDHE by participating in this testing. I understand the testing unit is not acting as my medical provider.

2. Patient Rights and Privacy Practices

- I acknowledge and agree that KDHE may disclose my test results and associated information to appropriate county, state, or other governmental and regulatory entities as may be permitted by law.
- I acknowledge and agree that some limited personal information including my name and contact information may be shared with public health authorities if I am identified as a close contact to a positive case.

3. Release

- To the fullest extent permitted by law, I hereby release, discharge and hold harmless, KDHE, including, without limitation, any its respective officers, directors, employees, representatives and agents from any and all claims, liability, and damages, of whatever kind or nature, arising out of or in connection with any act or omission relating to my COVID-19 diagnostic test or the disclosure of my COVID-19 test results.

By providing my electronic signature to KDHE, I acknowledge and agree that I have read, understand, and agreed to the statements contained within this form. I have been informed about the purpose of the COVID-19 diagnostic test, procedures to be performed, and potential risks and benefits. I have been provided an opportunity to ask questions before proceeding with a COVID-19 diagnostic test and I understand that if I do not wish to continue with the collection, testing, or analysis of a COVID-19 diagnostic test, I may decline to receive continued services. I have read the contents of this form in its entirety and voluntarily consent to undergo diagnostic testing for COVID-19.

Printed Name of Minor

Date

Printed Name of Guardian

Signature of Guardian
COVID-19 Vaccine Documentation/Consent Form

Patient Information (Please print legibly)

Last Name: ____________________ First Name: ____________________ Middle name: ____________________
Date of Birth: ___________ Biological Sex: □ Female □ Male □ Unknown or Not Reported
Ethnicity: □ Non-Hispanic/Latino □ Hispanic/Latino (Central/South America, Mexico, Cuba, Puerto Rico, Other) □ Unknown/Not Reported
Race 1: □ White □ Black or African American □ Asian □ American Indian or Alaska Native
 □ Native Hawaiian or Other Pacific Islander □ Other □ Unknown or Not Reported
Race 2: □ White □ Black or African American □ Asian □ American Indian or Alaska Native
 □ Native Hawaiian or Other Pacific Islander □ Other □ Unknown or Not Reported
Race 3: □ White □ Black or African American □ Asian □ American Indian or Alaska Native
 □ Native Hawaiian or Other Pacific Islander □ Other □ Unknown or Not Reported
Residential Address: __________________________ City: __________________________
State: _______ Zip: _________________ County: _________________
Phone: __________________________ Email: __________________________

Screening Questionnaire

COVID-19 Screening Questions
1. In the past two weeks, have you tested positive for COVID-19 or are you currently being monitored for COVID-19? □ Yes □ No
2. In the past two weeks, have you had contact with anyone who tested positive for COVID-19? □ Yes □ No
3. Do you currently or have you in the past two weeks had a fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea, vomiting or diarrhea? □ Yes □ No
4. Patient temperature: _______________ Date: _______________

Immunization Screening Questions
1. Are you sick today (cold, fever, acute illness)? □ Yes □ No
2. Do you have any allergies to medications, food, a vaccine or latex? □ Yes □ No
3. Have you had a serious reaction to a vaccine in the past? □ Yes □ No
4. Have you ever had Guillain-Barre syndrome? □ Yes □ No
5. Are you pregnant or is there a chance you could become pregnant in the next month? □ Yes □ No
6. Are you currently breastfeeding? □ Yes □ No
7. Do you have a blood-clotting disorder or are currently taking blood thinners? □ Yes □ No
8. Do you have a long-term health problem such as heart disease, lung disease, liver disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia or other blood disorder? □ Yes □ No
9. Do you have cancer, leukemia, HIV/AIDS, rheumatoid arthritis, ankylosing spondylitis, Crohn’s disease or other condition that makes it hard for you to fight infections? □ Yes □ No
10. Do you have a weakened immune system or in the past 3 months, taken medications that weaken it such as cortisone, prednisone, other steroids, anti-cancer drugs or radiation treatments? □ Yes □ No
11. During the past year, have you received a transfusion of blood or blood products or been given immune (gamma) globulin or an antiviral drug? □ Yes □ No

8/10/2021

1/2
Huff 'n Puff
Sept. 10-12, 2021
Presented By
Great Plains Balloon Club

2021 ANNUAL • TOPEKA, KS

Blue Dot A/C Heating Plumbing Drain Cleaning
Carpet Plus
Cirrus Prosthetics
Custom Dredge Works
Ditch & Associates
T & M Financial, Inc.
Tantillo Family Foundation
Top Teer
Anonymous Donations From Friends of the Huff 'n Puff Hot Air Balloon Rally

2021 Beneficiary:
Topeka Zoo & Conservation Center

Balloon Discovery Sponsor:
Hamilton, Wilson & Hendrickson Orthodontics

On Field Announcer:
Rafter T Productions

Friday, September 10
6 PM - Fun Flight
7:30 PM - Glow

Saturday, September 11
7 AM - Competition Flight
4 PM - Children's Balloon Discovery
6 PM - Fun Flight
7:30 PM - Mount Hope Glow

Sunday, September 12
7 AM - Competition Flight

ALL EVENTS ARE WEATHER PERMITTING
Follow us on Facebook and Twitter!
@HuffnPuffTopeka | HuffnPuff2021
SPREAD THE WORD

Who: Women 18-25 who are vaccinated or first or second shot

50.00 Cash

Vacination
Pfizer

COVID-19

Ending

220.300.0029
2401 SE 11th St, Topeka KS 66607
Open Arms Outreach Ministries

11:00-1:00

September 18, 2021

You can begin again/you can begin again too

Kansas Beats The Virus