

Harris Health System  
P.O. Box 66769, Houston, Texas 77266-6769

**Troubleshooters Mobile Immunization Program  
Request Form**

The Harris Health System Troubleshooters Mobile Immunization Program is available to provide immunization services upon request and availability. Troubleshooters provides immunizations to eligible children 18 years of age or younger.

**Troubleshooters Request Guidelines**

- Request should be made 2 to 3 months in advance
- Troubleshooters operates from 9:00 am to 1:00 pm on weekdays and 8:00 am to 12:00 pm on weekends
- Host site will provide staff and client access to a restroom
- **Host site must provide room inside school/building with sufficient room** to register and provide immunizations to children. Should it be on 2<sup>nd</sup> floor access to elevator is a must.
- **Once site is confirmed host must provide location/room number where mobile staff will provide services.**
- Host must be responsible for outreach in the community
- **Due to demand for services, host site must provide a minimum of 25 children**
- Services are provided on a first come, first served basis
- We reserve the right to limit the number of children seen due to volume and time constraints
- Due to unforeseen circumstances, Troubleshooters may have to cancel
- **Immunizations provided are for qualified children ONLY; eligibility is based on Texas Vaccines for Children Program guidelines**
  - **18 years of age or younger (No exceptions)**
  - **American Indian or Alaskan Native**
  - **Enrolled in Medicaid**
  - **No health insurance**
- Parent or guardian **MUST** accompany children under 18 years of age and **MUST** present the child’s immunization record
- Please allow us 8 to 10 business days to respond to your request.

To request Troubleshooters Mobile Immunization Program, please sign that you have read and agree to the above guidelines.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

<b>Event Name &amp; Brief Description:</b>
<b>Event Date:</b>
<b>Event Start &amp; End Time:</b>
<b>Location Name:</b>
<b>Address &amp; Zip Code:</b>
<b>Estimated Number of Participants:</b>
<b>Contact:</b>
<b>Contact phone number(s):</b>
<b>Contact e-mail:</b>
<b>Alternate Contact:</b>

Please submit this completed form via email to [immunize@harrishealth.org](mailto:immunize@harrishealth.org)  
For more information, please call 713-873-6309