



Harris Health's Troubleshooters for Health 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 two to three months in advance.
- Troubleshooters operates from 9 a.m.-1 p.m. on weekdays.
- Host site will provide staff and clients 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 the second floor, access to elevator is a must. A minimum of three tables for staff and 20 seats for patient waiting are needed.
- **Once site is confirmed host must provide location/room number where mobile staff will provide services.**
- Host is 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. Please provide an emergency (24/7) contact in case of emergency closures that occur after business hours or on weekends.
- **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 for Health Immunization Program, please sign that you have read and agree to the above guidelines.

Signature of Requestor

Date

Event Name _____ Estimated Number of Participants _____

Brief Description _____

Event Date: _____ Event Start & End Time _____

Location Name _____ Address & Zip Code _____

Contact _____ Phone(s) _____ E-mail _____

Alternate Contact _____ Phone(s) _____ E-mail _____

Please submit this completed form via email to immunize@harrishealth.org

For more information, please call 713-873-6351