

2018 Community Health Assessment Preliminary Findings Comment Form

1. Comment: (please list any comments on the findings or further information that you would like to provide.)

I would like to attend the Community Call to Action where priorities are identified and actions are determined for Logan County.

- **Key information:**
- **Date: Wednesday, July 18, 2018**
- **Time: 8:00 a.m. – noon (approximately)**
- **Where: St. Patrick Church, Makley Hall, 316 E. Patterson Ave, Bellefontaine**
- **Continental Breakfast will be served**
- **RSVP to Christie Barns, Mary Rutan Hospital, 937-599-7005 or provide information below.**

Contact Information

Name : _____

Phone: _____ Email: _____

Please return to either location or:

LCHD fax: 937-592-6746 attn: Donna or email dmetzler@co.logan.oh.org
MRH fax: 937-599-7007 attn: Christie or email Christie.barns@maryrutan.org



*The Mental Health, Drug & Alcohol Services Board
for Logan & Champaign Counties*