



1.800.QUIT.NOW
 Indiana's Tobacco Quitline
 QuitNowIndiana.com

Indiana Tobacco Quitline
 EMPLOYER FAX REFERRAL FORM
FAX 1.800.483.3114

Date Fax Sent ____/____/____

Employer

EMPLOYER INFORMATION

Name of Business DePauw University

Employer Contact Name Sonji Ray

Address 313 South Locust Street

City Greencastle State IN Zip 46135 County Putnum

Comments _____

EMPLOYEE INFORMATION

Pregnant? Yes No

Employee Name _____ Are you 18 or older? Yes No

Address _____

City _____ State _____ Zip _____ County _____

Primary Phone# (____) _____ - _____ **TYPE** Home Work Cell Other

Secondary Phone# (____) _____ - _____ **TYPE** Home Work Cell Other

Language Preference (check one) English Spanish Other _____

Tobacco Type (check all that apply) Cigarettes Smokeless Tobacco

E-Cigarettes Cigar Pipe

 (Initial) I am ready to quit tobacco and request the Indiana Tobacco Quitline contact me to help me with my quit plan.

 (Initial) I **do not** give my permission to the Indiana Tobacco Quitline to leave a message when contacting me.

Employee Signature _____

The Indiana Tobacco Quitline will call you. Please check the BEST 3-hour time frame for them to reach you.

Note: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than the selected 3-hour time frame.

6am-9am 9am-12pm 12pm-3pm 3pm-6pm 6pm-9pm

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