

Help a Smoker in Recovery (HASIR) Project

Treatment Center Request Form – Outside of Southern California

This is for treatment centers *outside* of Southern California who wish to receive donations of vaping supplies.

Treatment Center _____

Address _____

Name of contact person to receive and distribute products _____

Phone _____

Email _____

Average client population _____

By submitting this request I understand that:

1. These products are donations and shall *only* be distributed at no-cost to clients who wish to make the change from smoking to vaping.
2. These products must never be sold for any reason.
3. Clients must have informed consent and be taught that vaping is not absolutely safe, but is a much safer alternative to tobacco smoking. They must also understand that these products are donations; no guarantee for their quality or safety is being offered. They must also be encouraged to consult medical professionals and learn about alternative tools for smoking cessation.
4. Unless major funding is given to the project the products provided will not be full starter kits, rather these are individual vaping supplies/components that may be helpful in getting clients started in vaping. Treatment centers are encouraged to cultivate relationships with local vendors who may wish to visit the center with low-cost starter supplies. These vendors often employ recovering addicts and alcoholics who are now vapers who can assist the education of clients.
5. These donations will be passed on to you as they become available, and as long as the treatment center chooses to help smokers quit while in treatment.

Signed _____ Dated _____

Print Name _____

Please send this form to Fr. Jack Kearney: frintervention@gmail.com or FAX: 562-461-8832