



Outreach Phone Script – Initial Meeting/Referral to Coordinator

Hello, my name is _____. I am contacting you on behalf of the Tobacco Free Living action team of the Healthy St. Mary's Partnership.

Our team is trying to work with local businesses to reduce smoking in our community.

We have tools and resources that we could give to your business to promote health and wellness.

Would you be interested in learning more? We would be happy to meet with you to discuss further.

If no – Would it be okay if we follow-up with you in a few months?

- Yes (Great, I just need some additional information)
- No (Thank you for your time)

If yes/maybe – Great, I just need some additional information:

Please complete the information below for follow-up:

Contact Name: _____

Best way to contact phone/email: _____

Business name: _____

Office Hours: _____

Can we go ahead and set up an appointment to meet with you?

Appointment Date/Time: _____

Additional comments:

Return Form to TFL Meeting or the Health Department - Attn: Tobacco Coordinator, St. Mary's County Health Department, PO Box 316, 21580 Peabody Street, Leonardtown, MD 20650