

Information Sheet: *[Name of Program]* SNAP-Ed Health Coaching Program

You are being invited to participate in the *[Name of Program]* SNAP-Ed Telephonic Health Coaching program. This program is now being offered to all SNAP-eligible adults in *[SNAP-Ed program state]*. To participate in this program, please read the information below, and give a verbal consent to participate.

This program is funded by the SNAP-Ed grant; therefore, there is no cost to you.

What to expect:

- * A call from your health coach within 1-2 weeks based on the times you noted on the sign-up form
- * All 6 sessions are conducted over the telephone and last about 30 minutes
- * Your health coach will give you guidance needed to make a health behavior change
- * Information from your sessions, not including personal information, may be used to measure the success of the program and shared in a research setting
- * You can stop at any time

Join today and become one of our success stories, our clients are:

- * Choosing healthier foods
- * Preparing healthy meals at home
- * Eating healthy on a budget
- * Doing more physical activity

To begin the process, please:

1. Complete the other side of this form
2. Return form to *[Name of Program]*:
 - a. Give the form to a *[Name of Program]* Nutrition Educator
 - b. Scan and email to *[program email]*
 - c. Mail it to: *[Name of Program, address of program]*
 - d. Call *[program phone number]*

If you have questions about your rights as a participant, or wish to obtain information, ask questions, or discuss any concerns about this project with someone other than the health coaches, please contact the following:

[Program direct contact information]

This institution is an equal opportunity provider.

[Name of Program] Health Coaching Sign-Up Form

Would you like to work with a Health Coach?

If yes, please write down your name; phone number; email; day(s) of the week; and time of day you would like to have the coaching sessions.

Today's Date: _____

Name: _____

Street Address: _____

Town: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

Email: _____

Preferred Language (Please check): ___ English ___ Spanish Other: _____

Available Day(s) of Week (Please check all that apply):

___ Any day ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Available Time of Day (Please check all that apply):

___ Anytime ___ Morning ___ Afternoon ___ Late Afternoon ___ Evening

Your Health Coach will call you in 1 to 2 weeks.

[Program name

Address

Contact information of program]

For Staff Use Only SNAP-Ed ID #: _____