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 #: ________________________________