

WEST VIRGINIA WISEWOMAN



West Virginia Family Nutrition Program, Expanded Food Nutrition Education Program, and Supplemental Nutritional A Program – Education

Eating Smart – Being Active Agreement

I understand I meet the guidelines to participate in the EFNEP & SNAP-ED program, Eating Smart Being Active. I understand this program will help me make better food choices and become more physically active.

	I know there are eight core lessons lasting about 60-90 minutes each. I agree to attend at least six of these core lessons.			
	I give my permission to the WV Family Nutrition Program to share information with WISEWOMAN about my attendance at meetings and about the changes I have made to my diet and physical activity.			
	This agreement expires six-months from the date I first attend a core lesson. I will complete a follow-up visit with my WISEWOMAN provider within four weeks of completing the core lessons.			
	I give permission for my WISEWOMAN provider to contact me via phone two times during the first six months of participation to support me in completing this program and making healthier choices.			
	☐ I have received a copy of this agreement.			
Participant Name (Printed)		- 	Staff Name (Printed)	
Participant Signature			Staff Signature	
Social S	Security Number		Date	
Mailing Address City		City	State	Zip Code
Prograi	m Location:			
Date of	f First Session:			
Referring Provider Clinic:				