



# Healthy Living



## REPORT/RENEWAL

**Due 30 days after your delivery date or by date specified in delivery packet**

Today's Date: \_\_\_\_\_

Partner Organization Name:		Office Phone #:	
Address:		Office Fax #:	
City, State, Zip:		Email address:	
Primary Contact:		Alternate Phone #: <i>(other than office number)</i>	
Secondary Contact:		Secondary Contact Phone #	

**What services did your program offer incentives for this past distribution? (Check ONLY those that apply)**

<input checked="" type="checkbox"/> Box	Type of service	Topic/Education provided to participants	# of participants NOT duplicated
	1-on-1 Ed		
	Home Visits		
	Classes		
How many classes were offered?→			

What incentive **DID NOT** work for your program or participants and why?

**Did the Healthy Living Service help your organization meet/make progress towards your program goals listed on the request?**

(Click One) Yes  No

**Please let us know how this service helped your organization reach your program goal(s). Select your top 2 answers:**

- Increased Resources  
 Increased Community Engagement  
 Improved Outreach  
 Improved Education  
 Improved Health  
 Improved Public Safety  
 Improved Programing  
 Improved Results

**Please provide an example of how this service helped you to make progress to your program goals:**

What incentives can we provide that fit the needs of the participants so PWNA can **BETTER** support your program?

Do you have any referrals, questions, or comments about Healthy Living or any other PWNA Services?

**RENEWAL SECTION: Please provide the following information OR check this box:  Please HOLD**

Type of Education for Classes/1-on-1/HVs: _____	Number of Participants expected for the next distribution: _____
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Program Partner Primary Contact Signature \_\_\_\_\_

Date \_\_\_\_\_