



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 #: (other than office number)	
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 ONLY:

- ☐ Increased Resources ☐ Increased Community Engagement ☐ Improved Outreach ☐ Improved Education
☐ Improved Health ☐ Improved Public Safety ☐ Improved Programming ☐ 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

Topic 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