



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
	Appointments		
	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/ Appts/HVs: _____	Number of Participants expected for the next distribution: _____
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Program Partner Primary Contact Signature

Date