University of Illinois at Chicago
Chicago Partnership for Health Promotion
Nutrition Education Service Interest Request Form

Date: ___/___/20___

Site Name: ________________________________

Contact person: ____________________________ Title: ____________________________

Site Address: ______________________________ ZIP: 606___

Phone: ____________________________ Email: ________________________________

Fax: ____________ Web site: ________________________________

Best way to reach contact person: (please check one) ☐ phone (best time______) ☐ email

Service Request

Language: ☐ English ☐ Spanish ☐ Other: ________________________________

Setting/Program
☐ Early Childhood (Pre-K) ☐ Hip Hop to Health (Pre-K)
☐ School (K-12) ☐ OrganWise Guys (K-2nd Grade)
☐ Afterschool/Summer Program ☐ CATCH (3rd-5th Grade)
☐ Emergency Food Site (e.g. Pantries, Shelter, Soup Kitchen, Food Distribution Site) ☐ CATCH (6th-8th Grade)
☐ Senior Center ☐ CATCH After school
☐ Corner/Grocery Store ☐ Youth Ambassadors (9th-12th Grade)
☐ Faith-based Institution (e.g. Church, Mosque, Synagogue) ☐ Great Garden Detective (3rd-5th Grade)
☐ Health Clinic/FQHC ☐ Cooking Matters (Kids/Teens/Adults)
☐ Health Clinic/FQHC ☐ Cooking Matters in the Pantry (Brief Nutrition Interaction in a series)

Technical Assistance Request
☐ Point of Purchase Promotion (e.g. Food of the Month, Smarter Lunchroom, Nudging, in-store marketing, farmer’s market promotion, etc.)
☐ Healthy Celebrations/Healthy Meetings
☐ Smart Snacks/Healthy Vending
☐ Healthy Fundraising
☐ Bulletin Boards/Signage
☐ School Wellness /Food Policy Council Development/Participation
☐ Health Ministry Development/Participation
☐ Professional Development/Training (e.g. Teacher Training, Food Service, Store Owner)
☐ Garden/Urban Agriculture/Food System Development (e.g. growing, storage, handling)
☐ Nutrition Policy/Guideline Development (e.g. nutrition standards/policy)

Multi-Session Nutrition Education Request
☐ Healthy Cooking Demonstration
☐ Eat Smart, Being Active
☐ Faithful Families

Community Events/One-time Nutrition Education Sessions/Other Request
☐ Eat Smart, Being Active-Community Session
☐ Cooking Matters in the Pantry (Brief Nutrition Interaction-one time session)
☐ Grocery Store Tours
☐ Farmer’s Market (Brief Nutrition Interaction-one time session)
☐ Healthy Cooking Demonstration
☐ Health Fairs/Special Events
☐ Report Card Pick Up/Family Night/Parent Meeting
☐ Newsletter/Bulletin Information/Website

The UIC Chicago Partnership for Health Promotion is funded by the USDA Supplemental Food Assistance Program - Ed to encourage Chicago families to make healthier food choices, learn to prepare and consume healthier foods every day and be more physically active. The USDA, UIC and CPHP are equal opportunity providers and employers. For more information about partnership or CPHP programs in your community, contact CPHP at 312-355-3659. www.cphp.uic.edu
Please Complete the Questions Below:
Who will be participating in the session/event?
How many expected attendees:
What is the age group of your attendees?
What are the hours of the session/event?
Date(s)/Time(s) of the event/
Location where the event will be held?

Comments/Questions:
_____________________________________________________
_____________________________________________________

Schools Only: Classroom/Afterschool Information
Please circle grades:
Pre K, K-1-2-3-4-5-6-7-8-9-10-11-12
How many classrooms per grade: _________
Approximate students per class: _________
What quarter do you want to start: 1-2-3-4
What day do you want services M-T-W-Th-F
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