

Default Question Block



Name of Local Health Department

Name of Local Health Officer

Name of CalFresh Healthy Living Program Project Director and/or Local Oral Health Program Project Director:

Provide contact information for Local Health Department point person(s) for the Champion Provider Fellowship Program (usually the same as the CalFresh Healthy Living Program Project Director or Local Oral Health Program Project Director)

Point Person 1: Name	<input type="text"/>
Point Person 1: Title	<input type="text"/>
Point Person 1: Email	<input type="text"/>
Point Person 1: Phone	<input type="text"/>
Point Person 2: Name	<input type="text"/>
Point Person 2: Title	<input type="text"/>
Point Person 2: Email	<input type="text"/>
Point Person 2: Phone	<input type="text"/>

Healthcare Provider Applicant(s) (List all providers being nominated.)

Name Candidate 1	<input type="text"/>
Name Candidate 2	<input type="text"/>

Please answer or check off the following questions:

Briefly describe your county's workplan to address obesity and chronic disease prevention through Policy, System and Environmental (PSE) change intervention.

I have spoken with the healthcare provider(s) who is applying to the Champion Provider Fellowship.

- Yes
- No
- Not yet

If yes, date of meeting or call or if not yet, when is the date of the meeting or call:

I am ready to attach a letter of support from our Local Health Officer:

Yes

No

If yes, please upload here:

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