

**Order a Healthy Hispanic Foods Resource Kit**

(please only submit one order per class)

1. Tell us about yourself.

Name of Instructor\* \_\_\_\_\_

Title \_\_\_\_\_

Profession\*

- Dietitian/Nutritionist
- Health Educator
- Nurse
- Other \_\_\_\_\_

Organization\* \_\_\_\_\_

Street Address\* \_\_\_\_\_

City/State/Zip\* \_\_\_\_\_

County\* \_\_\_\_\_

Phone Number\* \_\_\_\_\_

Email Address\* \_\_\_\_\_

\* required fields

2. Tell us about your diabetes nutrition education class.

- Date of Scheduled Class \_\_\_\_\_
- Total Number of Registrants for Class (maximum of 20 per class) \_\_\_\_\_
  - Number of Hispanic registrants (class **must comprise** at least 50% Hispanic participants) \_\_\_\_\_
  - Number of Non-Hispanic registrants \_\_\_\_\_

3. Customize your class Healthy Hispanic Resource Kit based on the number of registrants (maximum of 20 each per class; allow 2 weeks for delivery):

- A. \_\_\_\_\_ (#) Sets of 10 Recipe Cards (Spanish on one side, English on the other)
- B. \_\_\_\_\_ (#) Evaluation Cards with Return Postage (Spanish/English)
- C. \_\_\_\_\_ (#) Informational Booklets in Spanish
- D. \_\_\_\_\_ (#) Informational Booklets in English
- E. \_\_\_\_\_ (#) "Prevenamos la Diabetes tipo 2" Magnets
- F. \_\_\_\_\_ (#) "Know your Diabetes ABCD&Es..." Magnets

(Each kit also includes the following items for the class instructor: instructions sheet, set of recipe cards, information booklets, Spoodle®, cutting board, evaluation survey and postage-paid return envelope.)

4. Tell us which **one** incentive item you prefer:

\_\_\_\_ 10 colorful “Take Charge of Your Diabetes: Control Your Portion Sizes” Cutting Boards

\_\_\_\_ 1 “Be Wise About Your Portion Size Curriculum”

\_\_\_\_ 1 “*Soul Food Cookbook*” by Roniece Weaver

5. The Class Instructor Named Above agrees to:

- 1) Explain the Resource Kit materials and incorporate them into a nutrition education class.
- 2) Explain the Evaluation Survey postcard and ask each class participant to complete and mail it to the Diabetes Prevention & Control Program after using the resource materials at home for 30 days.
- 3) Complete and return the one-page Instructor Evaluation Survey within 30 days after holding the class.
- 4) Participate in a brief follow-up call with DPCP staff to assist in evaluating the Resource Kit.

Please allow 2 weeks for delivery of your Resource Kit materials.

*I have read and agree to comply with the above.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

6. Please return **both** pages of this form to:

Florida Department of Health  
Diabetes Prevention & Control Program  
Attn: Samantha Tully  
4052 Bald Cypress Way, BIN A-18  
Tallahassee FL 32399-1744

*Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.*

Or FAX: (850) 245-4391

Or Email: [diabetes@doh.state.fl.us](mailto:diabetes@doh.state.fl.us)

Questions: (850) 245-4444 ext. 2867.

Thank you.