



Take Control of Your Health

Program Information Cover Sheet

Program Facilitator Instructions: Please print clearly and return this cover sheet with the required data collection forms to the New Jersey Division of Aging Services.

1. Site Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 County: _____

Name of organization licensed to offer program: _____

2. Program Facilitators' Names (please provide full first and last names and provide the daytime phone number and/or email of the best person to contact about any questions on the forms):

<i>First Name</i>	<i>Last Name</i>		<i>Phone</i>
_____	_____	<input type="checkbox"/> Staff or <input type="checkbox"/> Volunteer	_____
			<i>Email</i>

<i>First Name</i>	<i>Last Name</i>		<i>Phone</i>
_____	_____	<input type="checkbox"/> Staff or <input type="checkbox"/> Volunteer	_____
			<i>Email</i>

3. Program Start Date (mm/dd/yyyy): _____ / _____ / _____
 End Date (mm/dd/yyyy): _____ / _____ / _____

4. Did you offer a "Session 0" (an optional pre-workshop session) with this workshop
 Yes
 No
 Don't Know

5. What type of workshop is this? (Mark only one)

- Chronic Disease Self-Management Program (CDSMP)
- Tomando Control de su Salud (Spanish CDSMP)
- Diabetes Self-Management Program (DSMP)
- Programa de Manejo Personal de la Diabetes (Spanish DSMP)
- Cancer Thriving and Surviving Workshop (CTS)
- Chronic Pain Self-Management Program (CPSMP)
- Positive Self-Management Program for HIV
- Workplace Chronic Disease Self-Management Program (wCPSMP)
- Building Better Caregivers (BBC)

Workshop Information Cover Sheet – continued

6. Please check which language you used when leading this workshop:

English Spanish Other: _____

7. If you charge the participants a fee to attend this workshop, please indicate the amount:

\$ _____

For Survey Coordinator Use Only:

Host Organization Name: _____

Funding Source(s) for this Workshop: NJDoAS NJDOH Title IIID ACL Grant

CDC Other Fed. Foundation Fee/Self-Pay Other: _____

Forms Checklist Examples

Please return the following forms to the Survey Coordinator (contact information below) within one (1) week after the final session:

- This *Workshop Information Cover Sheet*
- Attendance Log*
- All completed *Participant Information Surveys*

Send completed forms to:

Andrew Biederman
New Jersey Department of Human Services
Division of Aging Services
P.O. Box 807
Trenton, NJ 08625-0807

Questions can be directed to:

Andrew Biederman
Andrew.biederman@dhs.state.nj.us or 609-438-4797