



# Chandler Park Healthy Neighborhood

4401 Conner St. Detroit, MI 48215  
313.331.3044

## Chandler Park Healthy Neighborhood Initiative Application

The Chandler Park Healthy Neighborhood Initiative aims to build a healthy environment by creating healthier lifestyle choices in Detroit's 48213 communities through programming at Chandler Park. **Begin Your Health Journey TODAY!**

### Residents will:

- Take charge of Health, Nutrition, and Fitness
- Work together with a Health Coach
- Increase Daily Activity
- Attend activities and programs
- Receive direct support with health and wellness plans.

### Our Partnerships will:

- Reduce Obesity
- Reduce impacts on Heart Disease
- Reduce impacts on Type-2 Diabetes
- Encourage health improvement
- Offer support services to residents

### Together we will:

- Improve Health
- Maintain Health
- Prevent Disease(s)
- Enhance Quality of Life
- Reach Healthy Living Goals
- Have Fun!!!!!!!

## Applicant Information

Full Name:	<hr/>			Date of Birth:	<hr/>
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address:	<hr/>				<i>Apartment/Unit #</i>
	<hr/>				
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>		
Phone:	<hr/>		Email	<hr/>	

## Quality of Life

Please list your areas of interest:

Area:	YES	NO
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>
Fitness	<input type="checkbox"/>	<input type="checkbox"/>
Health Education	<input type="checkbox"/>	<input type="checkbox"/>
Social Interaction	<input type="checkbox"/>	<input type="checkbox"/>

Please list your Personal Health Goals.

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Are you familiar with or active in healthy living or promoting health? If so, in what capacity? (ex. eating fresh fruit/vegetables; exercising; reducing unhealthy habits etc.)

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Please provide your expectations for the Chandler Park Healthy Neighborhood Initiative.

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Are you committed to receiving health support services for the next 9 months?      YES      NO  
   ☐      ☐

Indicate the days/times you are available for classes/programing:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Health Screening

Enter you screening results below.

TESTING	RESULTS	COMMENTS
Blood Pressure		
Body Fat		
BMI		

Disclaimer and Signature

I consent to share the above screening results with the Chandler Park Healthy Neighborhood Initiative.  
If this application leads to my selection as a Chandler Park Healthy Neighborhood Enrollee, I understand that I am responsible for full participation within the program.

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