

Dear Participant,

Welcome and thank you for joining the Take Charge of Your Diabetes Plus Workshop! We are excited to have you participate with us and others in the community as we learn skills to better manage our condition. This packet contains information to support your success in the workshop and helps us gather participant data crucial to secure future funding.

- **Registration Forms:** [Registration Form](#), [Privacy Policy Acknowledgment](#), [Liability Waiver](#), [Insurance Authorization & Release of Information](#), and [Media Release](#) – Sign and return all documents to remain in the workshop. **Enclose a copy of your State ID and Medical Ins Card.**
- [DSMES Order Form](#) and [Physician Letter](#) – Provide forms to physician for completion. Return with participant registration forms or have physician email completed form.
- [Assessment/Pre-survey](#) – Complete and return with the participant registration forms.
- [Post-survey](#) – Complete and return at the conclusion of the workshop.
- *Living a Healthy Life with Chronic Conditions* book.
- **Handouts:** [Workshop Overview and Homework](#), [Menu Planning #1](#), [Menu Planning #2](#) and [combined copy of Charts 9 and 10](#).
- **Two pre-stamped return envelopes** – One to return the registration forms and Pre-Survey; the other to return the Post-Survey.

Thank you for taking a few minutes to answer some brief questions. While you may leave any questions blank on the survey, we encourage you to complete it. Summarized information from all participants will help us demonstrate how this program is serving people. Your responses are extremely helpful.

Illinois Pathways to Health by AgeOptions is committed to protecting your privacy. The Privacy Policy Acknowledgment states that you agree to the terms outlined in our privacy policy regarding how your personal information will be collected, used and protected. Please sign and return upon receipt of the document.

The Liability Waiver confirms that you are participating in the workshop at your own risk and AgeOptions is not held liable. Please sign and return upon receipt of the document.

If you have any questions about the surveys or forms, please ask your facilitators or contact the Health Promotion Team at AgeOptions at (800)699-9043 or email [info@ilpathwaystohealth.org](mailto:info@ilpathwaystohealth.org).

Welcome and thank you for participating!