

***On the Move with FoodWise!***  
**Request for Services or Materials**

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

Agency Name (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ email: \_\_\_\_\_

**Services**

*Workshops:*

- Recipe Makeovers
- Reading Food Labels
- Beyond Salads
- Keeping Fit, Keeping Healthy
- Healthy Eating on a Budget
- Stress Management
- Know Your Food Size?

*Training:* We will tailor a training to meet your staff, organization or agency nutrition and/or physical activity needs.

- Teaching OMF!'s nutrition workshops
  - How to give food demonstrations
  - Training on Physical Activity
  - Training on Stress Management
  - Other \_\_\_\_\_
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*Worksite Wellness:*

- 6 week series
- 5-A-Day & Fitness Challenge

How many are in your group? \_\_\_\_\_

Please give a brief description of your agency/worksites: \_\_\_\_\_

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## Materials

- “Know your food size?”
- Recipes/Tips for Healthy, Thrifty Meals (USDA)
- Exercise: You can’t excuse yourself (Eng/Span)
- Create your own casseroles (Eng/Span)
- A month’s worth of stress busters
- Buying calendar for fresh fruits and vegetables
- Meal planning/Food buying (Eng/Span)
- Lean techniques and substitutions
- It’s your move...get active & stay healthy

## Videos

Healthy Traditions Cooking Shows

- Flavors of African-America
- Flavors of Mexico
- Flavors of Asia
- 3-in-1 Series (all three shows on one video)

\$12.00 each or \$20.00 for the 3-in-1 Series.

For OMF! use:
Receipt date: _____
Services scheduled: ___ yes ___ no ___ NA
Date(s) _____
Description: _____
Materials Sent: _____ by: _____
Description: _____

Make check payable to: On the Move with FoodWise!
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Please send to: Community Wellness & Prevention Program 597 Center Avenue, Suite 115 Martinez, CA 94553
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Please fax information to:  
On the Move with FoodWise!  
(925) 313-6334 fax (925) 313-6808 telephone

