We are a Healthy HotSpot! Our faith community, _ pledges that we are taking the following actions to build health and well-being: (Please list at least one example of programs or initiatives you are doing under each topic:) **Tobacco Free Living Connecting to Healthy Eating Connecting to Active Living Preventing Chronic Disease** Connecting with Each Other/Fostering Positive Relationships

Date

Congregational Representative Signature

Healthy Hotspot Application Form



Please fill out the information below and send to:

Healthy HotSpot

Mission and Spiritual Care

Advocate Health Care

3075 Highland Parkway

Downers Grove, IL 60515

Or scan and email to:

ahc-missionspiritualcare@advocatehealth.com

Thank you for your leadership and partnership on health!

Congregation Name:				
Religious Affiliation and De	enomination:			<u></u>
Street Address:				
City:	State:	Zip:		
Email:		_ Website:		
Contact Name:		Role in the Con	gregation:	x. Pastor, Cantor, President)
Phone:				
 What is your congregation What is the primary ethnic _European American; _Africa _South Asian (Indian, Pakista _Native American; _Multicult 	ic identity of your co an American; _Mexican ni); _African; _Arab; _	ongregation? ; _Puerto Rican; _Other I	Latino;Asian,	/Pacific Islander;
 3) What languages are spoke 4) What is the approximate a potential programs) Under 1 5) Do you have a formal Hea 6) If no, would you be intered 7) How did you hear about to 	age distribution of t 818-34 lth Ministry or Heal ested in starting one	he congregation (by % 35-4949-6 th and Wellness Coun ?YesNoMa	%)? (This <i>will l</i> 6465+ acil?Yes aybe	help us identify + No
OThey				





