



Eat Well, Be Well Application

This program aims to help people become healthier by using Noom, a proven health and well-being weight-loss company, a registered dietician, a certified personal trainer, and support from the Edge Forward staff.

Name:

Address:

City:

State:

Zip:

Rent Own

Phone:

Email:

Age:

Date of birth:

Gender:

Ethnicity:

Are you disabled:

Why do you want to be a part of our Eat Well, Be Well program:

What are your nutritional goals:

Do you have any pre-existing medical conditions?

Do you have any food allergies?

Do you have access to a smartphone?

FINANCIAL INFORMATION:

To be eligible for the Eat Well, Be Well program, you must fall within the low-income guidelines within your region.

Employer:

Position:

Time at current job:

Monthly income:

* Please attach your last six pay stubs with your application. If you do not have paystubs, please include your most recent federal tax return.

Household monthly income:

Total number of family members in your household:

Please fill in spaces below for ALL household members (list yourself first):

Name	Age	Relation to applicant	Monthly income
1.		Applicant	
2.			
3.			
4.			
5.			
6.			

*If there are more persons living in your household, please list them on a separate sheet.

Signature: