

Free Diabetes Grant Program

Participant Name: _____
(Print)

What is the program about?

This pilot program is part of a grant funded by the Administration on Community Living. The purpose of this program is to improve the health of individuals living with diabetes in Maryland.

Why have I been chosen?

You have been chosen because you meet the criteria to participate in this program. The two criteria are age of 60+ and diagnosis of type 2 diabetes.

What will happen to me if I take part?

You will receive an electronic tablet (like an iPad) with data connection for the duration of the program. This tablet will be used to complete surveys, view videos and materials about living with diabetes, attend virtual diabetes self-management program classes, and have one-on-one virtual nutrition counseling with Registered Dietitians. These resources will help you learn how to manage diabetes. The tablet will not be able to be used for personal use, and **the tablet will need to be returned at the end of the program**. BNWS will have the ability to track the exact location of any tablet while it is in the possession of a participant. You may also receive a one year diabetes magazine subscription and access to a virtual travel hub. These items will be provided to you at no cost.

What will I have to do?

A program team member at BNWS will contact you about enrolling in the program. **Please make every effort to answer this phone call from 240-449-3094.** The team member will provide you with additional information about the program and answer any questions you may have. During the program, you will need to complete surveys, review educational materials, meet virtually with our Registered Dietitians, and attend virtual diabetes self-management program classes. Our team members will assist you in completing these tasks. The program lasts for approximately 4 weeks. However, you will be able to keep the tablet for up to 60 days to finish the 6-week diabetes self-management program classes.

Your signature below acknowledges your understanding and agreement to participate in the HC2C program. You also acknowledge that your contact information will be provided to participating grant partners.

Signature: _____ Date: _____



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