



# DIABETES PREVENTION PROGRAM ENROLLMENT FORM

Registration Date\*: \_\_\_\_\_

\*required information to complete enrollment in REDCap

## PARTICIPANT DETAILS

<b>First name*</b>	<b>Home phone</b> <i>(include area code)</i>
<b>Middle name</b>	<b>Mobile phone</b> <i>(include area code)</i>
<b>Last name*</b>	<b>Work phone</b> <i>(include area code)</i>
<b>Nickname/preferred name</b>	<b>Email</b>
<b>Sex</b>	<b>Contact preference</b>
<b>Date of birth*</b> (MM/DD/YYYY)	<input type="checkbox"/> Home phone
<b>Address</b> Street 1*	<input type="checkbox"/> Work phone
Street 2	<input type="checkbox"/> Mobile phone
<b>City</b>	<input type="checkbox"/> Email
<b>State*</b>	<input type="checkbox"/> Mail
<b>Zip code</b>	

Note: For program participation, age must be 18 years or greater (see date of birth)

### Language

- ☐ Arabic
- ☐ Chinese
- ☐ English
- ☐ Spanish
- ☐ Other
- ☐ Declined

### Race\*

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Black or African American
- ☐ White or Caucasian
- ☐ Prefer not to answer
- ☐ Other

### Ethnicity\*

- ☐ Not Hispanic or Latino
- ☐ Hispanic or Latino
- ☐ Prefer not to answer

### Education\*

- ☐ Less than high school
- ☐ High school diploma or GED
- ☐ Associate degree
- ☐ Bachelors degree
- ☐ Masters degree
- ☐ Doctorate
- ☐ Professional degree (MD, JD, DDS, etc.)
- ☐ Other

<b>CURRENT YMCA MEMBER</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>CONFIRM PAYOR TYPE*</b>	<input type="checkbox"/> Self-pay	<input type="checkbox"/> Self and/or Grant/Financial Aid	<input type="checkbox"/> Direct Payor
<b>Meets federal poverty guidelines for income status?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>Payor or Funder name</b>
			<b>Employer name</b>

<b>REFERRAL METHOD</b>	<b>PARTICIPANT STATUS</b>
<input type="checkbox"/> Health Care Provider	<input type="checkbox"/> Enrolled
<input type="checkbox"/> Media/Marketing	<input type="checkbox"/> Wait list
<input type="checkbox"/> Screening/Testing Event or Health Fair	<input type="checkbox"/> Dropout
<input type="checkbox"/> Staff Member	<b>Class/cohort name</b>
<input type="checkbox"/> Family/Friend/Word of Mouth	<i>(use the same exact name across participants in same class to be able to filter in Reports)</i>
<input type="checkbox"/> Employer or Insurance Company	<b>Authorization Form Collected</b>
<input type="checkbox"/> Past Program Participant	<input type="checkbox"/> No
<input type="checkbox"/> Other	<input type="checkbox"/> Yes

## PARTICIPANT QUALIFICATION

Height (ft) <sup>*^</sup>	Height (in) <sup>*^</sup>	Weight <sup>*^</sup>	BMI
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<sup>^</sup>self-reported

Note: For program participation, BMI ≥ 25 kg/m<sup>2</sup> is **required**; Asian individual(s) BMI ≥ 23 kg/m<sup>2</sup>

### MEETS BLOOD VALUE/DIAGNOSIS QUALIFICATIONS

*Check for the criteria below first. If this information is unavailable, proceed to "Meets CDC At-Risk Qualifications" section, below.*

A1c (must be 5.7% - 6.4%)

Fasting Plasma Glucose (must be 100-125 mg/dL)

2-Hour (75 gm glucola) Plasma Glucose (must be 140-199 mg/dL)

Prediabetes determined by clinical diagnoses of gestational diabetes during previous pregnancy ☐ No  
☐ Yes  
☐ N/A

*Blood values must be within the last year*

Note: An individual with a blood value in the normal range cannot be enrolled in the program, even if he or she meets at-risk qualifications (based on risk test below). Blood values are more accurate than risk scores for diabetes risk determination.

### MEETS CDC AT-RISK QUALIFICATIONS

*Complete the questions below based on the candidate's response **only if** above qualifying information is unavailable.*

For each "Yes" answer, add the number of points listed.	YES	NO
Is the candidate a woman who has had a baby weighing more than 9 pounds at birth?	1	0
Does the candidate have a parent with diabetes?	1	0
Does the candidate have a brother or sister with diabetes?	1	0
Does the candidate weigh as much as or more than the weight listed for their height? (refer to chart on the right)	5	0
Is the candidate younger than 65 years of age and gets little or no activity in a typical day?	5	0
Is the candidate between 45 and 64 years of age?	5	0
Is the candidate 65 years of age or older?	9	0
<b>Total Risk Score</b> (score must be 9 or greater to qualify for enrollment in 'At-Risk' category)		

### At-Risk Weight Chart

*(BMI should be calculated using a separate resource)*

Height	Weight
4'10	129
4'11	133
5'0	138
5'1	143
5'2	147
5'3	152
5'4	157
5'5	162
5'6	167
5'7	172
5'8	177
5'9	182
5'10	188
5'11	193
6'0	199
6'1	204
6'2	210
6'3	216
6'4	221

## PROGRAM INFORMATION

The YMCA's Diabetes Prevention Program helps adults at high risk of developing type 2 diabetes adopt and maintain healthy lifestyles by eating healthier, increasing physical activity, and losing a modest amount of weight in order to reduce their chances of developing the disease. A trained lifestyle coach facilitates the small group of participants in learning about healthier eating, physical activity and other behavior changes. It is a year-long program taught in 25 sessions; the class meets weekly for 16 sessions, bi-weekly for 3 sessions, and 6 monthly sessions.

We are always trying to start new classes at various locations according to interest. Please let us know of your preferred location and we will try our best to accommodate your request. Once we have enough interested participants in a location, we will get started with a new class.

Preferred Class Location: \_\_\_\_\_  
Preferred Class Start Date: \_\_\_\_\_  
Preferred Class Time: \_\_\_\_\_

## PROGRAM PAYMENT INFORMATION

### TOTAL FEE FOR THE FULL YEAR PROGRAM IS \$429

Is your employer paying any portion of the fee for you to participate in the YMCA's Diabetes Prevention Program?

☐ Yes

☐ No

Are you 65 years or older?

☐ Yes

☐ No

(If yes, please contact the YMCA's Diabetes Prevention Office)

### NEED BASED FINANCIAL ASSISTANCE IS AVAILABLE

## PAYMENT OPTIONS

Please select the payment option (Option #1 or Option #2) that works best for you.

☐ **OPTION 1: FULL FEE—CHARGE ENTIRE \$429.**

The full payment will be charged upon registration into the YMCA system.

☐ **OPTION 2: INSTALLMENT PLAN**

- Deposit of \$109 will be charged.

- 3 installment payments of \$107 will be billed

### METHOD OF PAYMENT (only check or credit card will be accepted)

☐ Check

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

☐ Credit Card

EFT Authorization: Per PCI compliance, credit cards are not stored in the system. Numbers are not on file.

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Expir. Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## YMCA REGISTRATION POLICIES

Thank you for signing up for the YMCA's Diabetes Prevention Program. We are looking forward to working with you! Please review your schedule carefully. Should your schedule change between now and the start of your program, please be aware that YMCA programs are non-refundable except in cases of documented medical illness. If you believe there are extenuating circumstances relating to your registration, please contact our office.

### Office Information

For more information about the program, go to **YDPP.org** or contact our office at (612) 230-3487.

Return completed form and payment to:

#### YMCA of the Greater Twin Cities

Diabetes Prevention Program

2525 Wabash Avenue, #103

St. Paul, MN 55114

Fax: (612) 604-4063