VERMONT

State of Vermont
Department of Health
(division or program name here)
Address
City, VT Zip Code
HealthVermont.gov

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Agency of Human Services

Initiative Agreement

This Initiative Agreement is between the Vermont Department of Health «County» District Office and «Community/Agency/Organization»

I. Purpose
To collaborate with community partners to offer continuing nutrition and physical education for families enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in support of improving health outcomes in our community.

II. Terms and Agreement
   a. «Community/Agency/Organization» and the «County» District Office will complete the Community Event Approval Form for each community based activity where WIC participants may attend. All events must be pre-approved by the «County» District Office nutritionist.
   b. «Community/Agency/Organization» is responsible for tracking who has attended the event. Method of tracking and reporting to the «County» District Office will be documented on the Community Event Approval Form.
   c. «Community/Agency/Organization» is responsible for delivering the content agreed upon on the Community Event Approval Form unless otherwise indicated.

III. Changes or Amendments to this agreement
Any changes to this Initiative Agreement may be made only by the mutual written agreement of all parties.

IV. Termination
The parties agree that each has the right to terminate the relationship within 30 days of sending a written notice to the other parties.

V. Effective Date
This agreement shall become effective upon both parties signing and the terms of this agreement shall continue until the agreement is terminated**.**

By signing this agreement all parties agree upon all the terms as stated above.

Agreed upon by:

Signature: _____ «Community/Agency/Organization»

Signature: _____ «County» District Office

Date: May 15, 2018

Community Event Approval

Activity Title: _____ **Date of Event:** _____ **Initiative Agreement Signed: Y / N**

Host Agency: _____ **Facilitator Name:** _____ **Contact Number:** _____

VDH Nutritionist Name: _____ **Date Curriculum Approved:** _____

Criteria for Approval:

- Be directly related to nutrition and/or physical activity
- Be interactive with a facilitator
- Be approved by a WIC Nutritionist to receive credit
- May be attended by the Head of Household or a child in the WIC Program
- Must be at no cost to the participant

***Who*: (check all that apply)**

☐ Pregnant ☐ Postpartum ☐ Birth- 1 year ☐ 1 year – 5years

***Why*: (check all that apply)**

☐ Improve the nutritional, physical activity and/or health status of Vermont WIC participants.
☐ Provide families with the information they need to choose lifelong healthy eating patterns.
☐ Encourage breastfeeding as the norm for infant feeding in Vermont.
☐ Increase potential and current participants' utilization of WIC program services.

***What*: (check all that apply)**

☐ Increase the proportion of women entering WIC during pregnancy who achieve the recommended weight gain based on their pre-pregnant BMI.
☐ Reduce the proportion of pregnant WIC participants who smoke.
☐ Reduce the proportion of low birthweight infants born to women enrolled in WIC.
☐ Reduce the proportion of 2-4 year old children who have BMIs above the 95th percentile, or between the 85th and 95th percentile.
☐ Increase the proportion of participants who receive interactive group or individual Nutrition and/or Physical Activity education, and document the occurrence and content of each interaction.
☐ Increase the proportion of infants who are exclusively breastfed for 6 months.
☐ Ensure that WIC benefits reach the highest risk participants and persons in special needs (such as pregnant women in their early months of pregnancy; applicants/participants who are employed; and those who reside in rural areas).
☐ Other_____

How: (Briefly describe how this event will reach the identified objective)

_____

_____

_____

_____

How will WIC families attending this event be tracked and information returned to the WIC Office?

Tracking Mechanism

☐ Event Code
☐ Attendance Card
☐ Attendance Sheet
☐ Other:_____

Report of Attendance

☐ Direct Submission from Partner
☐ Participant Submission
☐ Other:_____

WIC WOMEN INFANTS CHILDREN

We nourish families.