



Consent to Participate in the Wise Choices Program

The Wise Choices Program (“Wise Choices”) identifies risks for getting cardiovascular disease (also known as heart disease), having a heart attack, having a stroke, or getting diabetes. Wise Choices will work with me to make healthy lifestyle changes that may lower my risk for getting these diseases. Participants must be at least **18** with a household income of **less than or equal to 400%** of Federal Poverty Level to be eligible for Wise Choices.

The Local Wise Choices Provider will:

- Measure my height, weight, and blood pressure
- Measure my blood sugar (glucose) and cholesterol (total cholesterol, and HDL cholesterol)
- Ask me questions about my health history, my family’s health history and my lifestyle, such as how many fruits and vegetables I eat and how much physical activity I get
- Use my body measurements and the information I provide to monitor my progress and evaluate the overall program
- If any of my test results are not normal, the Wise Choices Provider may refer me for a medical evaluation
- If needed, the Wise Choices Provider may also refer me for additional blood tests for cholesterol and diabetes

- A local Wise Choices Health Coach will help me set a healthy small step that is interesting to me
- If I choose to participate in a community program such as Diabetes Prevention Program, TOPS, or Cooking Matters, Wise Choices will pay for some or all the costs

- My information will be kept private and will not be shared with anyone outside Wise Choices unless I give my permission in writing, or as required by law.

Who Will Pay for Wise Choices Services?

- If I am uninsured, Wise Choices will pay for the services listed above as long as I see a participating health care provider as directed.
- If I am insured, Wise Choices will pay for the covered services that are not paid for by my insurance.
- Wise Choices will not pay for **any other follow-up medical appointments, follow-up tests, or medicine prescribed by my provider.**
- If I cannot afford the medicine, my local Wise Choices Provider will help connect me to prescription assistance programs to help me pay for the medicine.

I fully understand the information in this form and agree to participate in Wise Choices. I also understand I have the right to refuse these services at any time. For questions, please contact 1-844-I GOT SCREENED (1-844-446-8727) or MDHHS-MiWISEWOMAN@michigan.gov.

Participant Signature

Date

Guardian Signature (if applicable)

Date

Participant Name

Guardian Name (if applicable)