

# Site Request Form

This program is funded through the State Employees' Insurance Board, Public Education Employees' Health Insurance Plan and administered by the Alabama Department of Public Health Wellness Division.

Please fax this form along with applications and insurance card copies to (334) 206-5609.



Worksite Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Name of person designated as Site Coordinator: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Approximate number of individuals interested at your worksite: \_\_\_\_\_

When does your site prefer the class to be held? List your DAY and TIME choice:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

When would you like to start the program? \_\_\_\_\_

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## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Documents Received: \_\_\_\_\_

Weight Watchers Contacted: \_\_\_\_\_

Class Scheduled to Begin (date/time): \_\_\_\_\_

APL faxed, mailed, or emailed: \_\_\_\_\_

Completed APL received: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_



Alabama Department of Public Health  
Worksite Wellness Division