

Hey Staten Island, Learn to cook healthy meals for **FREE!**

Did you know?

1 in 5 Staten Island children are increased risk for high blood pressure, heart disease, and diabetes. If your child is not in the healthy weight range, it can increase their risk.



Don't let your child become part of the statistic. Staten Island PPS and City Harvest can help. Through **FREE** hands-on cooking, nutrition classes, and grocery store workshops you can learn to shop for and cook healthy, delicious food for yourself and your family! Here are the classes we offer:

Cooking Matters	Families learn how to read nutrition labels, compare process and make healthy food choices on a limited budget in a grocery store.
Just Say Yes to Fruits and Vegetables	Families learn healthy recipes through nutrition activities. Topics include "Stretching Food Dollars", "Food Safety", "Benefits of Fiber", and more.
Rethink your Drink	Families explore the impact sugary drinks have on their families' health.
CATCH	Students improve health and nutrition knowledge in school.
CATCH Kid Club	Students combine group physical activity and nutrition lessons after school

Sign up for a class today!

Make sure to ask your primary care provider to fill out the form below. Find it at www.statenislandpps.org.



Staten Island
Performing Provider System

CITY HARVEST

Referral for SI PPS Family Nutrition Program

To be filled out by Parent/Caregiver:

Child's Name: _____ Age: _____ Grade/Identity: _____
 Parent's Name: _____ [] Home [] Cell
 Home Address: _____ Phone: _____
 City: _____ Zipcode: _____ Name of Child's School (optional): _____
 Child's insurance status: [] Medicaid/CIN [] Uninsured

I give permission to the Staten Island Nutrition Program to have a message when contacting me.
 I give permission for my child's primary care provider to be contacted.
 I give permission for Staten Island Performing Provider System to contact me with health news.
 I give permission for an SI CARES Health Coach to contact me for health and community social services needs.
 Parent/Caregiver Signature: _____

To be filled out by referring partner:

Referring Partner: [] Primary Care Provider Name: _____
 [] School Name: _____
 [] Partner Name: _____
 [] Organization Name: _____

Reason for referral:
 [] BMI % [] Nutrition self-management [] Limited access to healthy food
 [] Malnutrition [] Low vitamin levels [] Food insecurity
 [] Resources [] Other: _____

Signature of referring provider: _____

Please scan and email to fax to:
 Bianca Palumbo bpalumbo@cityharvest.org 917 830 1179

For more information about the program, visit www.cityharvest.org, or call Bianca Palumbo: City Harvest Nutrition Educator at (917) 830-1143, or e-mail bpalumbo@cityharvest.org.

Have any questions? Contact us:

(917) 830-1140

contact_us@statenislandpps.org

@StatenIslandPPS

@SI_PPS

@si_pps



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