

## Places and Programs that Support Healthy Eating and Active Living: Resources in Our Community for Families

Find out as much as you can about places and programs in your community that make it easier for families to eat healthy, be physically active and manage daily stress. Seek out and visit programs in your community. Ask friends and family, other Healthy Start team members, and your Healthy Start participants for their ideas. This sheet includes some ideas to get you started. Use this sheet to keep a list of what you find out.

## Places and Programs that Help with Food Security and Healthy Eating

### Enrollment in SNAP & WIC

All participants who are eligible should be enrolled in WIC and SNAP to receive food purchasing assistance and nutrition education for themselves and their families. Keep the contact information for these programs handy here, to help participants with completing their applications and to get answers to questions about benefits.

<b>WIC Program Local Contact:</b>	<b>SNAP Program Local Contact:</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Days/Hours:</b>	<b>Days/Hours:</b>
<b>Notes:</b>	<b>Notes:</b>

### Food Stores

(Include supermarkets, corner stores, ethnic food stores and any other locations where participants can shop for food. Make notes about availability of fresh fruits and vegetables, discount days, whether the store accepts SNAP or WIC, etc.)

<b>Store Name:</b>	<b>Store Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Days/Hours:</b>	<b>Days/Hours:</b>
<b>Notes:</b>	<b>Notes:</b>

## Food Stores (continued)

<b>Store Name:</b>	<b>Store Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Days/Hours:</b>	<b>Days/Hours:</b>
<b>Notes:</b>	<b>Notes:</b>

## Farmers' Markets/Farm Stands

*(Note whether the market is accessible by public transportation, if there are any programs to reduce the cost of fresh fruits or vegetables, and whether it takes SNAP, WIC, or other food assistance benefits.)*

<b>Market Name:</b>	<b>Market Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Days/Hours:</b>	<b>Days/Hours:</b>
<b>Notes:</b>	<b>Notes:</b>

## Food Assistance Programs

*(Examples: Summer/after school meal programs for children, food pantries, soup kitchens, other hunger relief programs. Note a contact person's name if possible.)*

**Program Name:**

**Address:**

**Phone Number:**

**Days/Hours:**

**Notes:**

**Program Name:**

**Address:**

**Phone Number:**

**Days/Hours:**

**Notes:**

**Program Name:**

**Address:**

**Phone Number:**

**Days/Hours:**

**Notes:**

**Program Name:**

**Address:**

**Phone Number:**

**Days/Hours:**

**Notes:**

## Nutrition, Cooking and Meal Preparation Classes

*(Check community centers, high schools, churches, YMCAs, YWCAs, cultural organizations, even grocery stores. Note the type of classes offered, and how regularly the class is offered, for example, the class happens once a month.)*

<b>Organization Name:</b>	<b>Organization Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Days/Hours:</b>	<b>Days/Hours:</b>
<b>Notes:</b>	<b>Notes:</b>

## Places and Programs that Help with Being Physically Active, Indoors and Outdoors

### Parks, Playgrounds, Indoor Playgrounds

<b>Organization Name:</b>	<b>Organization Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Hours:</b>	<b>Hours:</b>
<b>Notes:</b>	<b>Notes:</b>

## Exercise and Dance Classes

*(Check community centers, hospitals and health centers, high schools, churches, YMCAs, YWCAs, cultural organizations, and others. Note type of classes and who can take them, for example children and teens, adults only, etc.)*

<p><b>Organization Name:</b></p> <p><b>Address:</b></p> <p><b>Phone Number:</b></p> <p><b>Days/Hours:</b></p> <p><b>Notes:</b></p>	<p><b>Organization Name:</b></p> <p><b>Address:</b></p> <p><b>Phone Number:</b></p> <p><b>Days/Hours:</b></p> <p><b>Notes:</b></p>
<p><b>Organization Name:</b></p> <p><b>Address:</b></p> <p><b>Phone Number:</b></p> <p><b>Days/Hours:</b></p> <p><b>Notes:</b></p>	<p><b>Organization Name:</b></p> <p><b>Address:</b></p> <p><b>Phone Number:</b></p> <p><b>Days/Hours:</b></p> <p><b>Notes:</b></p>

## Community Walking, Running and Other Sports Groups and Teams

*(Check community centers, schools, YMCAs, YWCAs, cultural organizations, and others. Note the type of sport or team and who can join, for example, families, women's team or group, children's team, etc.)*

<b>Organization Name:</b>	<b>Organization Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Days/Hours:</b>	<b>Days/Hours:</b>
<b>Notes:</b>	<b>Notes:</b>

## Active Community Events for Families

*(Including school events, family days, health fairs, fun walks/runs, cultural events. Note how regularly the event is held, for example, annual health fair at the school in June.)*

<b>Organization Name:</b>	<b>Organization Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Days/Hours:</b>	<b>Days/Hours:</b>
<b>Notes:</b>	<b>Notes:</b>

## Places and Programs to Reduce Stress

### Mothers' Groups, Fathers' Groups, Parent and Baby Groups

*(Check community centers, hospitals and health centers, high schools, churches, YMCAs, YWCAs, cultural organizations.)*

<b>Organization Name:</b>	<b>Organization Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Hours:</b>	<b>Hours:</b>
<b>Notes:</b>	<b>Notes:</b>

### Stress Management Classes, Yoga and Meditation Classes

*(Check community centers, hospitals and health centers, high schools, churches, YMCAs, YWCAs, cultural organizations.)*

<b>Organization Name:</b>	<b>Organization Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Days/Hours:</b>	<b>Days/Hours:</b>
<b>Notes:</b>	<b>Notes:</b>

## Other Local Places and Programs for Families

**Organization Name:**

**Address:**

**Phone Number:**

**Hours:**

**Notes:**

**Organization Name:**

**Address:**

**Phone Number:**

**Hours:**

**Notes:**