



# Diabetes Awareness Program

## 2025 Program Application YOUTH Physical Activity Support



Dear Applicant:

The UIHS Diabetes Awareness Program (DAP) is committed to supporting physical activities that emphasize the importance of healthy lifestyles for our American Indian youth.

**A completed application and attachments must be submitted in order to be considered to receive Activity Fee Support.** This fiscal year, the Diabetes Awareness Program will contribute up to \$100 towards activity fees for eligible American Indian youth between 2-18 years of age. The purpose of this fee support program is to encourage participation in physical activities such as: baseball, football, basketball, dance, soccer, cheerleading, wrestling, swimming, exercise classes, sport camps, or a weight loss program with a written recommendation from a medical provider.



### Eligibility

- American Indian youth, living in the UIHS service area, ages 2-18 years (children 18 years of age must be enrolled in high school).
- Registered client of UIHS.



### General Guidelines

- Authorized fees will be paid as long as funds are available.
- Each child may receive funding for one (1) activity per season, as funds allow.
- Each child can receive **up to \$100.00** towards that activity.
- Applications must be submitted **before** the activity begins. The payment process takes two (2) to three (3) weeks. **Reimbursements will not be issued.**
- Applicants must provide documentation of the cost for the activity/program they are requesting (ex. Flyer).
- The information provided on the application will be used if contacting the applicant is necessary.



### Parent or Guardian Responsibilities

- Purchasing their own equipment and supplies.
- Registering child for the activity.
- Submitting a complete application with required paperwork attached.

Please call the Diabetes Awareness Program if you have questions at 707-825-4162.

Draw or describe **two (2) modern types of exercise** and **two (2) traditional physical activities** your family will perform this year. Follow the guidelines on the table located at the bottom of this page when you think of different types of activities.

**(2) Modern Exercises**

**(2) Traditional Physical Activity**

	Cardio			Weight Training		Bone- Strengthening
Children 6 -17yrs	Time	Intensity	Frequency	Intensity	Frequency	Frequency
	≤ 60 min	Moderate Vigorous	Daily 3 days per week	Moderate to High	3 days per week	3 days per week
<b>Examples:</b>	<b>Moderate:</b> Brisk walking (4mph) <b>Vigorous:</b> Jogging (6mph)			<i>Push-ups, Resistance-Training, Gymnastics</i>		<i>Basketball, Jump Rope, Jogging</i>

## Applicant's Information

Child's Name: \_\_\_\_\_  
(First and Last)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade in School: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_  
(First and Last)

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## Activity/Program Information

Requested Activity/Program: \_\_\_\_\_

**Cost:** \_\_\_\_\_

Organization/Business Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

### Required information to be submitted:

Completed application       Activity/Program cost documentation (ex. Flyer)

### You can submit your completed application and activity/program documentation to:

United Indian Health Services, Inc.  
Diabetes Awareness Program  
1600 Weeot Way  
Arcata, CA. 95521

OR

Fax 707-825-5055  
Attn: Diabetes Awareness  
Program

You will be notified after your application has been approved. A check will be sent, in the child's name, to the organization or business you have listed in your application. It will take two (2) weeks for the application to get processed and for the payment to get mailed out. If we become aware of a delay, or if additional information is needed, a member of our team will contact you using the information provided in the application.

Please be aware that we typically do not receive confirmation when the organization or business receives the payment.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (Printed)

\_\_\_\_\_  
Signature of Parent/Guardian

### Office Use Only

Received: \_\_\_\_\_ Fiscal: \_\_\_\_\_ Additional: \_\_\_\_\_