



Dear Member's Parent/Guardian:

Thank you for your interest in our Weight Management (WM) Healthy Behaviors Rewards Programs. You're getting this mailing because your child's case manager or doctor referred your child, you referred your child or you've found this on our website. Your child's health is important to us. We will support and reward your child for taking steps to better their health through our programs.

There are two separate WM programs your child can join. Each program has different steps to follow to earn a reward. Read the program forms attached for details. Your child can enroll in one or both programs if and when they like. It's your child's choice. When ready, just tell your child's case manager or doctor when you want to enroll your child in a program.

When your child completes each program, they will get a gift card reward!

Want to enroll? Send us your child's enrollment form. To enroll your child in another program later, send us this form again. Download a copy from our website, www.simplyhealthcareplans.com/floridahealthykids.

Then, follow these steps:

1. See your child's nutritionist, doctor and/or case manager and follow the plan for each program in which your child has enrolled.
2. Fill out the form for each program in which your child has enrolled.
3. Let us know your child completed a program. Send the form to us in one of these ways:
 - **Mail:** Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
 - **Fax:** 1-855-329-5289
 - **Email:** HealthyBehaviors@simplyhealthcareplans.com
4. Get your child's reward!

Have questions or need help? Call us at 1-844-405-4298 (TTY 711) or email us at HealthyBehaviors@simplyhealthcareplans.com.

Enclosures: Enrollment form
 Program forms
 Nondiscrimination notice
 Get help in another language



**Weight Management Healthy Behaviors Rewards Programs
Enrollment Form**

Please fill out and sign this form to enroll in one or both Weight Management Healthy Behaviors Rewards Programs. For each program you want your child to enroll in, place a checkmark in the Yes, I want to enroll! table column below.

Yes, I want to enroll!	Program	Description	Gift card
	WM 1	Meet with a nutritionist two times (for first and follow-up visits) and choose a support group.	\$50
	WM 2	Follow your child's care plan for three months, gain or lose at least 4 lbs., keep food/exercise log and visit your child's doctor.	\$50

Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

Please tell us how to contact you.

Member name: _____ Date of birth: _____

Member ID #: _____ Cellphone number: _____

Email address: _____

Street address City State ZIP code

Primary parent/caregiver name: _____

How would you like us to contact you? (Check all that apply. Contact your child's case manager to disenroll from these communications at any time.) Call Text Email

Sign your child's name _____ **Date** _____

Send us this signed form in one of these ways:

- Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
- Fax: 1-877-614-5321
- Email: HealthyBehaviors@simplyhealthcareplans.com

Have questions or need help? Call us at 1-844-405-4298 (TTY 711) or email us at HealthyBehaviors@simplyhealthcareplans.com. Congratulations for taking a step toward better health for your child!

Weight Management Healthy Behaviors Rewards Program 1 Form

After your child has enrolled in this program:

1. Visit your child's nutritionist for a support visit.
2. Choose a support group.
 - Manage your weight with Choose MyPlate. Visit <https://supertracker.usda.gov/default.aspx> or call 1-888-779-7264. Or choose a weight management program in your community.
 - Choose an exercise program in your community or commit to a walking program.
3. Visit your child's nutritionist for a follow-up visit within two weeks of the first visit.
4. Sign below. Ask your child's nutritionist to sign, too.

Sign your child's name _____ Date _____

Nutritionist's signature _____ Date _____

5. Send us this signed form in one of these ways:
 - Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
 - Fax: 1-877-614-5321
 - Email: HealthyBehaviors@simplyhealthcareplans.com

Then, get a reward certificate in the mail! You will use it to order your child's \$50 gift card.
Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

Note: Once your child is enrolled in this program, the steps listed above must be completed within 12 months to earn the reward.

We want to stay in touch. Please tell us how to reach you.

Member name: _____ Date of birth: _____

Member ID #: _____ Cellphone number: _____

Email address: _____

Street address City State ZIP code

Primary parent/caregiver name: _____



Weight Management Healthy Behaviors Rewards Program 2 Form

After your child has enrolled in this program, meet with your child's doctor to create a plan of care. Your child must:

1. Gain/lose 4 pounds and maintain their weight for three months
2. Attend a weight management and/or exercise program
3. Keep a daily log of their food intake and exercise. Show this to your child's doctor.
4. Sign below. Ask your child's doctor to sign, too.

Sign your child's name _____ Date _____

Doctor's signature _____ Date _____

5. Send us this signed form in one of these ways:
 - Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
 - Fax: 1-877-614-5321
 - Email: HealthyBehaviors@simplyhealthcareplans.com

Then, get a reward certificate in the mail! You will use it to order your child's \$50 gift card. Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

Note: Once your child is enrolled in this program, the steps listed above must be completed within 12 months to earn the reward.

We want to stay in touch. Please tell us how to reach you.

Member name: _____ Date of birth: _____

Member ID #: _____ Cellphone number: _____

Email address: _____

Street address City State ZIP code

Primary parent/caregiver name: _____

**Weight Management Healthy Behaviors Rewards Program 2
Food and Exercise Log**

Write down what your child eats and/or what physical activity they do each day.

Month 1, Week 1

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Exercise							

Month 1, Week 2

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Exercise							

Month 1, Week 3

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							

Snack							
Dinner							
Exercise							

Month 1, Week 4

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Exercise							

Month 2, Week 1

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Exercise							

Month 2, Week 2

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							

Snack							
Dinner							
Exercise							

Month 2, Week 3

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Exercise							

Month 2, Week 4

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Exercise							

Month 3, Week 1

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							

Snack							
Dinner							
Exercise							

Month 3, Week 2

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Exercise							

Month 3, Week 3

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Exercise							

Month 3, Week 4

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							

Snack							
Dinner							
Exercise							