



## Prescription for Health: Evaluation Tool Commitment Form

The Michigan Farmers Market Association (MIFMA) is excited to continue the work of the Prescription for Health Statewide Learning Network which seeks to benefit farmers markets and partners implementing Prescription for Health programs around Michigan. With funding from the Michigan Department of Health and Human Services, MIFMA works with programs, funders and partners to benefit families and farmers by providing a learning network to develop standardized implementation strategies and evaluation tools to document success. Participating programs are agreeing to use the aforementioned evaluation tools created by this network and sharing the data collected through these tools with MIFMA.

Completing this form demonstrates your commitment to using the Prescription for Health Pre and Post Evaluation tools for adults and outlines our expectations of participating programs. This tool was developed by MIFMA through the Prescription for Health Statewide Learning Network with assistance from Public Sector Consultants. As a participating program, you must complete this form prior to your usage of the evaluation tools.

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Organization or Agency Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Market Name: \_\_\_\_\_

Market Manager Name: \_\_\_\_\_

Farmers Market Location Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**Program Information**

Please provide a general description of your Prescription for Health program, including how it is funded:

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Program Start Date: \_\_\_\_\_

Program End Date: \_\_\_\_\_

Target Audience: \_\_\_\_\_

Number of patients expected to be served: \_\_\_\_\_

Age range of participating patients: \_\_\_\_\_

What are the eligibility requirements for patients to participate in your program?

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Do you offer nutrition education to program participants?

- Yes, we provide nutrition ed.
- Yes, we work with partners that provide nutrition ed.
- No

If yes, please describe the nutrition education programming you or your partners use and list the partner organizations you work with.

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Please check the following boxes to indicate that you understand your commitment to the Prescription for Health Statewide Learning Network:

- I will distribute a Pre and Post Program Evaluation survey to all patients participating in our Prescription for Health program
- I will share all individual results, with a unique identifiers<sup>i</sup>, for pre and post comparison, with MIFMA<sup>ii</sup>
- I will participate in quarterly Prescription for Health Statewide Learning Network meetings hosted by MIFMA.

This letter of commitment will be considered valid for a total of one year from the date of the signature or until the expiration of the Prescription for Health program listed above. By signing below, you agree to all of the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this commitment form to the Michigan Farmers Market Association by mail to 480 Wilson Rd, Room 172 Natural Resources, East Lansing, MI 48824, by email to michelle@mifma.org

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<sup>i</sup> A unique identifier will be used for each participating patient by the program administrator so MIFMA can compare pre and post program results without sharing personal identification.

<sup>ii</sup> MIFMA will (1) Provide pre and post evaluation surveys in a printable and electronic format; (2) Share all analyzed program data with program administrators; and (3) Share no individual data but report only on aggregate program data.