

Alternative Take Charge Form BSD Employee Wellness

If you did not meet your health screening targets, you can participate in the District's **Take Charge** Program (See Employee Wellness Booklet for specifics) or as an **alternative** to the Take Charge Program, you may work with your own Healthcare Provider to manage your health risk.

You may either complete the Take Charge Program **OR** submit this form to earn 100 Rewards Points.

Employee Section: 1. Review your recent screening results with your Healthcare Provider. 2. Ensure that this form is filled out in its entirety. 3. Submit this form to WellSteps by April 30, 2018			
Last Name	First Name	Date of Birth	Phone
Please complete according to your status			
Employees – Boise Schools 6 digit employee ID #			
Retirees – Date of birth followed by first 4 letters of last name			
<i>I am participating in the WellSteps Rewards Program for the Boise School District. I am choosing to review my abnormal screening factors with my Healthcare Provider, and requesting that my provider acknowledge and develop a treatment plan with me.</i>			
Employee Signature: _____		Date _____	

Healthcare Provider Section: Please fill in, sign and date.		
Unmet Screening Factor	Screening Category	Take Charge Program Health Target
<input type="checkbox"/>	Blood Pressure	Less than or = 140/90
<input type="checkbox"/>	A1C	Less than or =7
Date Seen by provider: _____		
I have seen the above named participant for the listed abnormal screening factors and we have developed a treatment plan.		
Name of Healthcare Provider (please Print): _____		
Medical Provider Signature: _____		Date: _____

Fax completed form to the WellSteps number below by April 30, 2018.

FAX (801) 590-6620 OR

Scan and e-mail to forms@wellsteps.com

Log-in to www.wellsteps.com/boiseschools to check the status of your Wellness Plan Points
Questions? Contact Employee Wellness Coordinator at wellness@boiseschools.org or (208)854-4083