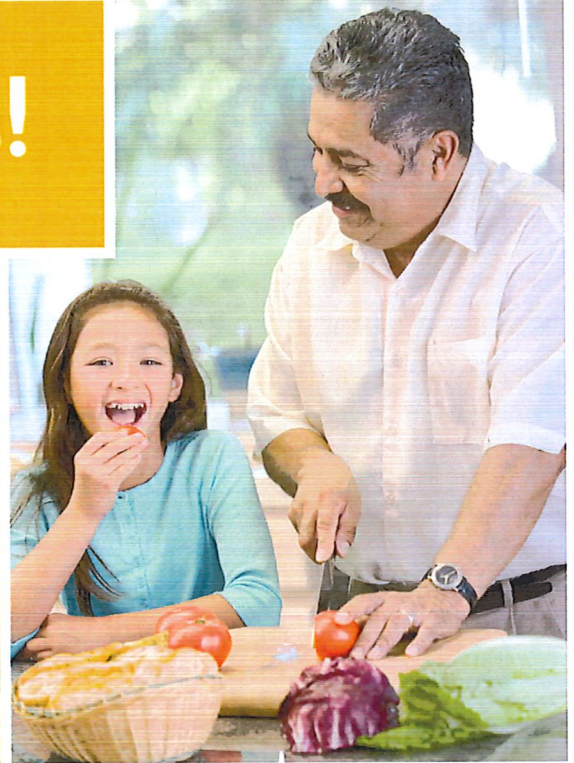


**COMMUNITY  
RESOURCE  
INFORMATION  
9/9/2021**

# EXPANDED FOOD AND NUTRITION EDUCATION PROGRAM



## Join us!



Simple solutions  
to help families

**EAT  
SMART**  
and  
**MOVE  
MORE**

Where: Virtual by Zoom

When: Tue's 9/14, 21, 28, 10/5, 12, 19, 4:30 pm

Contact: Peggy or Cori

Phone: 785-232-0062, x118

Email: [pderuy@ksu.edu](mailto:pderuy@ksu.edu) or [csingleton@ksu.edu](mailto:csingleton@ksu.edu)

**Classes are free. All are welcome.**

Shawnee County EFNEP, 1740 SW Western, Topeka KS 66604

<https://www.shawnee.k-state.edu/>



**EFNEP**  
EXPANDED FOOD AND NUTRITION  
EDUCATION PROGRAM

**K-STATE**  
Research and Extension

**USDA**  
United States Department of Agriculture  
National Institute of Food and Agriculture

**NC STATE**  
UNIVERSITY

**NCPH**  
North Carolina  
Public Health

**Eat  
Smart  
Move  
More**  
NORTH CAROLINA

This material is based upon the Expanded Food and Nutrition Education Program (EFNEP), supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture. Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the view of the U.S. Department of Agriculture.

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In Partnership with  
 Washburn University School of Nursing  
 Is offering a FREE

# MOBILE HEALTH CLINIC

Tuesdays, from 9:00am - 3:00pm  
 Our Lady of Guadalupe Church parking lot,  
 201 NE Chandler St., Topeka, KS 66616  
September 7th - November 16th, 2021  
NO MOBILE HEALTH CLINIC OCTOBER 12TH.

<b>September</b>	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	5	6	<b>7</b>	8	9	10	11
	12	13	<b>14</b>	15	16	17	18
	19	20	<b>21</b>	22	23	24	25
	26	27	<b>28</b>	29	30		
<b>October</b>						1	2
	3	4	<b>5</b>	6	7	8	9
	10	11	12	13	14	15	16
	17	18	<b>19</b>	20	21	22	23
	24	25	<b>26</b>	27	28	29	30
	31						
<b>November</b>		1	<b>2</b>	3	4	5	6
	7	8	<b>9</b>	10	11	12	13
	14	15	<b>16</b>	17	18	19	20

## Free Patient Education

- Different disease processes
  - Diabetes
  - Heart Disease
  - Nutrition & Exercise

## Free Health Screenings

- Blood Pressure & Pulse
  - Diabetes
  - Height/weight/BMI
  - Medication review



Juntos con la  
Escuela de Enfermería de la  
Universidad de Washburn

Ofrecen una  
**Clínica Móvil**

GRATUITA

Los Martes de 9:00am - 3:00pm

En el estacionamiento de la Iglesia de

Nuestra Señora de Guadalupe

201 NE Chandler St., Topoka, KS 66616

7 de septiembre - 16 de noviembre, 2021

NO HABRA CLINICA MOVIL EL 12 DE OCTUBRE

<b>Septiembre</b>	Dom	Lun	Mar	Mierc	Juev	Vier	Sab
	5	6	<b>7</b>	8	9	10	11
	12	13	<b>14</b>	15	16	17	18
	19	20	<b>21</b>	22	23	24	25
	26	27	<b>28</b>	29	30		
<b>Octubre</b>						1	2
	3	4	<b>5</b>	6	7	8	9
	10	11	12	13	14	15	16
	17	18	<b>19</b>	20	21	22	23
	24	25	<b>26</b>	27	28	29	30
	31						
<b>Noviembre</b>		1	<b>2</b>	3	4	5	6
	7	8	<b>9</b>	10	11	12	13
	14	15	<b>16</b>	17	18	19	20

Examen de Salud Gratuito

Educación Gratuita al Paciente

- Presión Arterial y Pulso
- Diabetes
- Estatura/ Peso/IMC
- Revisión de Medicamentos
- Procesos Diferentes de enfermedades
- Diabetes
- Enfermedad del Corazón
- Nutrición y ejercicio



# Getting ready to close on a new home and need down payment assistance?

Get \$4,000 for Mortgage Down Payment Assistance — if you are a family of 4 or larger, buying a 3-BR or larger home in any Kansas County and have an annual household income at or below 80% of 2021 Affordable Housing Program (AHP) Income Limits (call for details).

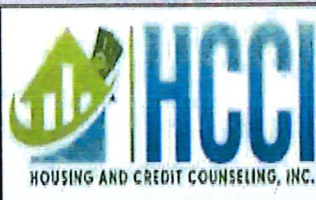
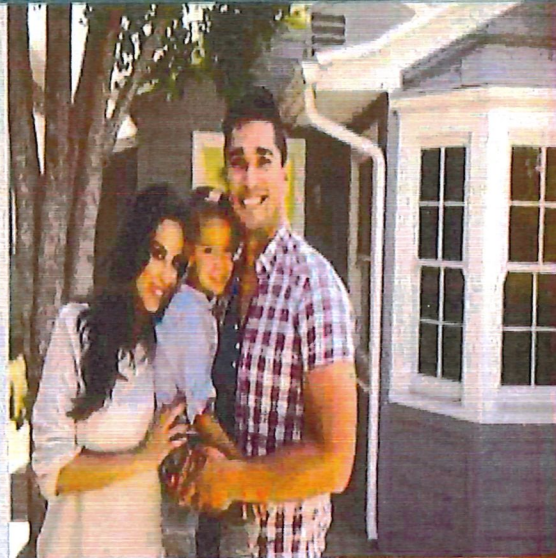
Example: \$62,150 for Shawnee County family of four or \$70,700 for Douglas County family of 4.

\*Homebuyer Counseling and Education required and provided free by HCCI via phone, Zoom or face-to-face in HCCI's Topeka office.

This \$4,000 is available until September 27, 2021 and can be paired with other homebuyer programs.

HCCI, a HUD-approved Housing Counseling Agency, has partnered with Federal Home Loan Bank (FHLB), Topeka, to facilitate their Affordable Housing, Homeownership Set-Aside Program.

If you are close to closing on your home and might qualify, please call us at 800-383-0217 or email - [hcci@housingandcredit.org](mailto:hcci@housingandcredit.org).



HCCI is a nonprofit organization in business since 1972 – providing financial, homebuyer and tenant/landlord counseling and education.

HCCI's mission is to counsel and educate ALL people to achieve their personal housing and financial goals.

License # CS0,0000003 \* [www.HousingAndCredit.org](http://www.HousingAndCredit.org) \* <https://www.facebook.com/HCCIKansas>

## INFORMED CONSENT FOR COVID-19 TESTING

### 1. Authorization and Consent for COVID-19 Diagnostic Testing:

- I voluntarily consent and authorize the Kansas Department of Health and Environment ("KDHE") to conduct collection, testing, and analysis for the purposes of a COVID-19 diagnostic test.
- I acknowledge and understand that my COVID-19 diagnostic test will require the collection of an appropriate sample through a nasopharyngeal swab, oral swab, or other recommended collection procedures.
- I understand that there are risks and benefits associated with undergoing a diagnostic test for COVID-19 and there may be a potential for false positive or false negative test results.
- I assume complete and full responsibility to take appropriate action with regards to my test results. Should I have questions or concerns regarding my results, or a worsening of my condition, I shall promptly seek advice and treatment from an appropriate medical provider. I understand that I am not creating a patient relationship with KDHE by participating in this testing. I understand the testing unit is not acting as my medical provider.

### 2. Patient Rights and Privacy Practices

- I acknowledge and agree that KDHE may disclose my test results and associated information to appropriate county, state, or other governmental and regulatory entities as may be permitted by law.
- I acknowledge and agree that some limited personal information including my name and contact information may be shared with public health authorities if I am identified as a close contact to a positive case.

### 3. Release

- To the fullest extent permitted by law, I hereby release, discharge and hold harmless, KDHE, including, without limitation, any its respective officers, directors, employees, representatives and agents from any and all claims, liability, and damages, of whatever kind or nature, arising out of or in connection with any act or omission relating to my COVID-19 diagnostic test or the disclosure of my COVID-19 test results.

By providing my electronic signature to KDHE, I acknowledge and agree that I have read, understand, and agreed to the statements contained within this form. I have been informed about the purpose of the COVID-19 diagnostic test, procedures to be performed, and potential risks and benefits. I have been provided an opportunity to ask questions before proceeding with a COVID-19 diagnostic test and I understand that if I do not wish to continue with the collection, testing, or analysis of a COVID-19 diagnostic test, I may decline to receive continued services. I have read the contents of this form in its entirety and voluntarily consent to undergo diagnostic testing for COVID-19.

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Guardian

\_\_\_\_\_  
Signature of Guardian

# COVID-19 Vaccine Documentation/Consent Form

## Patient Information (Please print legibly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Biological Sex:  Female  Male  Unknown or Not Reported  
Ethnicity:  Non-Hispanic/Latino  Hispanic/Latino (Central/South America, Mexico, Cuba, Puerto Rico, Other)  Unknown/Not Reported  
Race 1:  White  Black or African American  Asian  American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  Other  Unknown or Not Reported  
Race 2:  White  Black or African American  Asian  American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  Other  Unknown or Not Reported  
Race 3:  White  Black or African American  Asian  American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  Other  Unknown or Not Reported  
Residential Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Screening Questionnaire

### COVID-19 Screening Questions

1. In the past two weeks, have you tested positive for COVID-19 or are you currently being monitored for COVID-19?  Yes  No
2. In the past two weeks, have you had contact with anyone who tested positive for COVID-19?  Yes  No
3. Do you currently or have you in the past two weeks had a fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea, vomiting or diarrhea?  Yes  No
4. Patient temperature: \_\_\_\_\_ Date: \_\_\_\_\_

### Immunization Screening Questions

1. Are you sick today (cold, fever, acute illness)?  Yes  No
2. Do you have any allergies to medications, food, a vaccine or latex?  Yes  No
3. Have you had a serious reaction to a vaccine in the past?  Yes  No
4. Have you ever had Guillain-Barre syndrome?  Yes  No
5. Are you pregnant or is there a chance you could become pregnant in the next month?  Yes  No
6. Are you currently breastfeeding?  Yes  No
7. Do you have a blood-clotting disorder or are currently taking blood thinners?  Yes  No
8. Do you have a long-term health problem such as heart disease, lung disease, liver disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia or other blood disorder?  Yes  No
9. Do you have cancer, leukemia, HIV/AIDS, rheumatoid arthritis, ankylosing spondylitis, Crohn's disease or other condition that makes it hard for you to fight infections?  Yes  No
10. Do you have a weakened immune system or in the past 3 months, taken medications that weaken it such as cortisone, prednisone, other steroids, anti-cancer drugs or radiation treatments?  Yes  No
11. During the past year, have you received a transfusion of blood or blood products or been given immune (gamma) globulin or an antiviral drug?  Yes  No

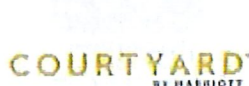




Sept. 10-12, 2021

Presented By  
Great Plains Balloon Club

2021  
46<sup>th</sup> ANNUAL • TOPEKA, KS



Blue Dot A/C Heating Plumbing Drain Cleaning  
Carpet Plus  
Cirrus Prosthetics  
Custom Dredge Works

Ditch & Associates  
T & M Financial, Inc.  
Tantillo Family Foundation  
Top Teer

Anonymous Donations From Friends of the Huff 'n Puff Hot Air Balloon Rally

**2021 Beneficiary:**  
Topeka Zoo &  
Conservation Center

**Balloon Discovery Sponsor:**  
Hamilton, Wilson &  
Hendrickson Orthodontics

**On Field Announcer:**  
Rafters T Productions

**Friday, September 10**

6 PM - Fun Flight  
7:30 PM - Glow

**Saturday, September 11**

7 AM - Competition Flight  
4 PM - Children's Balloon Discovery  
6 PM - Fun Flight  
7:30 PM - Mount Hope Glow

**Sunday, September 12**

7 AM - Competition Flight

**ALL EVENTS ARE WEATHER PERMITTING**

Follow us on Facebook and Twitter!  
@HuffnPuffTopeka | #HuffnPuff2021



**Kansas Beats The Virus**  
You Can Begin Again/You Can Begin Again Too

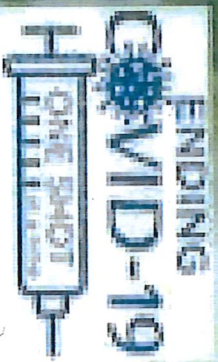
**September 18, 2021**

**11:00-1:00**

Open Arms Outreach Ministries

2401 SE 11th St. Topeka KS 66607

720.300.0029



**Pfizer  
Vaccination**



**\$50.00 Cash**

**Who: Women 18-25 who emancipated from foster care  
or first 20 people to get their first or second shot**

**SPREAD THE WORD**