

Kansas Self-Management Education Program Scheduling Worksheet



Instructions: Local Area Coordinator and/or Group Leaders should complete this worksheet and return it to KDHE or KFMC at least two (2) weeks prior to the Zero (Informational) Meeting. Forms should be sent to the organization for which license you are operating under. A completed and submitted worksheet serves as confirmation of the program offering to KSME, initiates supplies being sent (if requested). *(KDHE cannot offer supplies beyond books/cds until after July 2015).*

Completed forms should be sent to KDHE/KFMC as follows:

Logo	Mail To	Email To
	KDHE – Self-Management Education 1000 SW Jackson, Suite 230 Topeka, KS 66612	aunselt@kdheks.gov
	KFMC – Self-Management Education 2947 SW Wanamaker Drive Topeka, KS 66614	healthengagement@kfmc.org

Coordinating Organization					
Name					
Address					
City		State		Zip	
Local Area Coordinator					
Name					
ID Number					
Address					
City		State		Zip	
Phone		Fax		Email	
Workshop Information					
	Chronic Disease Self-Management Program (CDSMP)				
	Diabetes Self-Management Program (DSMP)				
	Tomando Control de su Salud <i>*Offered under KDHE license only</i>				
	Programa de Manejo Personal de la Diabetes <i>*Offered under KDHE license only</i>				
Workshop Start Date (Zero Meeting)				Workshop Start Time	
Workshop End Date (Week 6, or 7 Weeks after Zero Meeting)					
Location Information					
Building Name					
Address					
City		State		Zip	

<i>Primary Contact</i>					
<i>Phone</i>		<i>Cell</i>		<i>Email</i>	
<i>Second Contact</i>					
<i>Phone</i>		<i>Cell</i>		<i>Email</i>	

Group Leader Information

Group Leader #1

<i>Name</i>					
<i>ID Number*</i>	<i>*If unknown, KSME can complete this information.</i>				
<i>Address</i>					
<i>City</i>		<i>State</i>		<i>Zip</i>	
<i>Phone</i>		<i>Cell</i>		<i>Email</i>	

Group Leader #2

<i>Name</i>					
<i>ID Number*</i>	<i>*If unknown, KSME can complete this information.</i>				
<i>Address</i>					
<i>City</i>		<i>State</i>		<i>Zip</i>	
<i>Phone</i>		<i>Cell</i>		<i>Email</i>	

Supplies Request

Coordinating Organizations/Area Program Coordinators will receive a base inventory of materials for use by Group Leaders. To maximize program funding, KSME encourages monitoring supply use, donation of supplies and/or reuse of supplies (where appropriate).

<i>Anticipated Participants*</i>		*Important Reminder! <i>Minimum # of participants is 6.</i>
<i>Workshop Item</i>	<i># Requested</i>	
Living a Health Life with Chronic Conditions (Paperback Book)		
Relaxation for Mind & Body Pathways to Healing (Audio CD)		
Blank Flip Charts – 1 pad includes XX pages (for workshop charts)	pad(s)	
Dry Erase Sheets – in packages of XX (for workshop activities)	package(s)	
Flip Chart Markers (1 package of XX, multi-color)	package(s)	
Dry Erase Markers (1 package or XX, multi-color)	package(s)	
CD Player (used for activity in Workshop #3)		
Timer (used throughout Workshop Series)		
Clock (used throughout Workshop Series)		
Ringer (used throughout Workshop Series)		
Name Tag Package of 10 (includes lanyards and blank inserts)	package(s)	