

## Veteran Enrollment Form

Thank you for your interest in the Josh Pallotta Fund (JPF), where it is our mission to provide Veterans the resiliency, transition and reintegration tools to help them sustain or return to full and healthy lives.

Simply fill out the following form to become enrolled in our Wellness Hub program. This pilot program provides Veterans a selection of the health, wellness and community services JPF aims to provide in the future, and simultaneously serves to collect data to aid in grants and future Veteran service projects. For this pilot program, JPF acts as the hub of the wheel, selecting appropriate providers and services for Veterans to work with *at the provider's business location*.

Please note: you may discontinue services at any time (please notify your provider and/or a JPF Director), but must start them within 6 months of receiving notification of services from JPF and finish within 1 year from starting. Because this program is collecting information for JPF to apply for grants and future funding, to participate you must be willing to take occasional brief surveys about the program & your experience. While we aim to help as many as possible, please understand that space in these programs may be limited.

To apply, answer all questions and return to:

The Josh Pallotta Fund, Attn: Wellness Hub, P.O. Box 542, Colchester VT 05446

Your name: \_\_\_\_\_

(circle preference) Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Select up to three services you would like to receive** (number 1-3 in order of preference):

Chiropractic care (20 visits/year)

Massage (session number TBD)

Yoga (session number TBD)

Strength coaching and personal training

Baking & cooking skills

Home buying and ownership walk-through

Aromatherapy (session number TBD)

Gardening course

Evaluation and wellness planning: 1-2 meetings with a wellness doctor (ie, Chiropractor, etc.) to diagnose and strategize which of our wellness services and/or what complementary and alternative care best suits your needs

**Please circle one if:** I would like a call from the provider / tour of the facility before scheduling.

**Briefly explain in what ways you think these services would help you:**

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**What are your goals upon completion of these services:**

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**Optional:** Is there anything we should know about you to assist us in providing you the best care and experience?

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**Optional:** Tell us what providers, community programs, or services you'd like to see offered by the JPF Wellness Hub, and if you are/have a contact to these resources: \_\_\_\_\_

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## Veteran Wellness Hub Continuation Form

Thank you for participating in the Josh Pallotta Fund Wellness Hub program. As you know, this is a pilot program, so your feedback and patience is appreciated. Veterans are welcome to apply for continued services. Please remember that space in these programs may be limited. Veterans must be in good standing with the providers in order to be eligible to continue. *(Please expect additional surveys—this serves as a basic application only.)*

Please answer all questions and return to:  
The Josh Pallotta Fund, Attn: Wellness Hub, P.O. Box 542, Colchester VT 05446

Your name: \_\_\_\_\_  
(circle preference) Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

**Select up to three services per column** (number 1-3 in order of preference):

Services	Have Tried	Will Continue	Will Try Instead
Chiropractic care (20 visits/year)			
Massage (session # TBD)			
Yoga (session # TBD)			
Strength coaching and personal training			
Baking & cooking skills			
Home buying and ownership walk-through			
Aromatherapy (session number TBD)			
Gardening skills			
Evaluation and wellness planning*			

\*1-2 meetings with a wellness doctor (ie, chiropractor) to diagnose & strategize which services and/or care best suits your needs.

**Please circle one if:** I would like a call from the provider / tour of the facility before scheduling.

**Briefly explain what affect these services had on you:**

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**What progress have you made towards your goals? How are you updating/changing goals going forward?**

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**Optional:** Tell us what providers/community programs you work with that you think would be a good fit for this or future Wellness Service Programs, and whether you'd be able to coordinate an initial conversation.

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**Optional:** Tell us what services you'd like to see offered by the JPF Wellness Hub.

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## Provider Enrollment Form

Thank you for your interest in the Josh Pallotta Fund (JPF), where it is our mission to provide Veterans the resiliency, transition and reintegration tools to help them sustain or return to full and healthy lives. Simply fill out the following form to be considered for our Wellness Hub program. This pilot program provides Veterans a selection of the health, wellness and community services JPF aims to provide in the future, and simultaneously serves to collect data to aid in grants and future Veteran service projects. We ask your cooperation in the collection of information about the program. For this pilot program, JPF acts as the hub of the wheel, selecting appropriate providers and services for Veterans to work with *at the provider's business location*.

Provider name: \_\_\_\_\_ Company name: \_\_\_\_\_  
Provider phone: \_\_\_\_\_ Provider email: \_\_\_\_\_  
Provider address: \_\_\_\_\_

### Please note:

You may offer any numeration of services, as you see appropriate/logistic. You will be notified when a Veteran requests your services; all services will start within 6 months, and end within 12 months from starting. Services are given to the Veteran by way of vouchers/gift certificates (the donation of which can be tax-deductible), and JPF is also prepared to compensate providers (*Do we want to say a portion of or all?*) for their service as part of this program. You may discontinue at any time, for any reason, provided that you speak with a JPF Director first. Because this program is collecting information for JPF to apply for grants and future funding, to participate you must be willing to take occasional brief surveys about the program & your experience. Some of our Veterans may request a phone call or tour of your facility prior to scheduling, and we ask that you are amenable to this. However, please indicate if this will be a problem, and if you have an alternate method of easing the transition into your care:

\_\_\_\_\_  
\_\_\_\_\_

### Please describe the service you are offering:

\_\_\_\_\_  
\_\_\_\_\_

Location of services: \_\_\_\_\_

Briefly describe the setting (home, office, gym, outdoors): \_\_\_\_\_

What unit of time is each session: \_\_\_\_\_

How many sessions would be reasonable for each Veteran (keeping in mind that they can apply for continuation of services, depending upon availability): \_\_\_\_\_

Would you allow Veterans to apply for continuation of your services (providing that you and the Veteran agreed that it was an appropriate fit, and depending upon availability): \_\_\_\_\_

How many sessions (total) are you willing to provide per year: \_\_\_\_\_

How many Veterans (total) are you willing to assist with these services per year: \_\_\_\_\_

Cost per session: \_\_\_\_\_ Total amount donated (if applicable): \_\_\_\_\_

### In what ways does this service help the Veteran community:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### How will you monitor and evaluate the Veterans' results throughout and after your services?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Optional: How did you hear about the JPF Wellness Hub program? \_\_\_\_\_

\_\_\_\_\_

**Provider Wellness Hub Continuation Form**

Thank you for participating in the Josh Pallotta Fund Wellness Hub program. As you know, this is a pilot program, so your feedback and patience is appreciated. *(Please expect additional surveys.)*

Provider name: \_\_\_\_\_  
Provider phone: \_\_\_\_\_  
Service provided: \_\_\_\_\_  
Number of sessions offered: \_\_\_\_\_

Veteran name: \_\_\_\_\_  
Provider email: \_\_\_\_\_  
Date/date range of sessions: \_\_\_\_\_  
# of sessions completed: \_\_\_\_\_

**Was the Veteran compliant (made/kept appointments, prompt, gave notice before rescheduling)? Y / N**

**Did the Veteran meet your goals for the service provided? Y / N**

**What were your goals for this Veteran?** \_\_\_\_\_  
\_\_\_\_\_

**Would the Veteran benefit from additional service? Y / N In what way(s)?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How will you monitor/assess the ongoing benefit on your services for this Veteran?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Would you be willing to continue to work with this Veteran? Y / N Why/why not?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How many sessions would be appropriate?** \_\_\_\_\_

**Length of each session:** \_\_\_\_\_

**Would you consider additional continuation of treatment at the completion of this set of sessions? Y / N**

**Additional comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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