



Michigan *EnhanceFitness* Document Cover Sheet

Instructions

- Please use this sheet as a cover for MI *EnhanceFitness* forms submitted (by post, email attachment, or fax) to the Michigan Department of Health and Human Services (MDHHS). Please send forms at least monthly.
 - Mail forms to:
MDHHS – EnhanceFitness Program
WSB, 7th floor
P. O. Box 30195
Lansing, MI 48909
 - Email forms (or send general inquiries) to: EFMichigan@gmail.com
 - Fax forms to: **(517) 335-9461**
- Questions? Contact Doreen Chambers at ChambersD1@michigan.gov or (517) 517-241-5652

Sender Information

- Sender's Name:
- Sender's Email: Sender's Phone:
- Organization:
- EF Licensed Organization (if different):

Document Information

- Included in this transmittal are the following (*check all that apply*):
 - Participants Information Forms (PIFs)
 - Fitness Check Forms
 - Attendance Sheets
- Materials in this packet are from:
 - A single class (at a single location)
 - Multiple classes and/or locations*

*Please be sure all forms include site/class information

Comments/Notes

- Anything else we should know about the documents enclosed?

For MDHHS use only

Notes:

Received by: _____ Date: _____