

Tobacco Free Verification Form

Name: _____ EIN: _____ Month: _____
(must turn in 11 consecutive months)

Please have someone other than a family member verify that you have been tobacco-free* for the entire month by signing below.

(NAME)

(PHONE)

*Tobacco-free means the use of no tobacco and or non-FDA approved nicotine products including, but not limited to: cigarettes, cigars, pipes, spit tobacco, snus, other smokeless tobacco, and any lighted or heated plant product intended for inhalation such as hookah, e-cigarettes, other electronic devices, etc.

The only nicotine products permitted for use are those Nicotine Replacement Therapies approved by the FDA for treating tobacco use and dependence.

After turning in this form for 11 consecutive months contact Healthy Lifestyles to receive your tobacco-free rebate. It is your responsibility to contact our office. Please send forms through:

- **Courier:** *Healthy Lifestyles – Govt. Cntr. S2500-4575*
- **Email:** *Scanned and emailed to MyHealthyLifestyles@slco.org*
- **Fax:** *Attn – Healthy Lifestyles – 385-468-4096*

Must be received at least 4 days before your clinic. We will not accept this form at your clinic.

Please contact MyHealthyLifestyles@slco.org with any questions.