



**National Diabetes Prevention Program  
OEBB Participant Information  
(Please Print Legibly)**

Name (First, Middle, and Last) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Your Phone Number \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_

Gender M F

Height \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\*E-Number (OE-EBB Members) \_\_\_\_\_

OE-EBB Medical Plan Carrier (OE-EBB Members) \_\_\_\_\_

Monthly Household Income

HH=1:  \$973 or below

\$974 or above

HH=2:  \$1,311 or below

\$1,312 or above

HH=3:  \$1,649 or below

\$1,650 or above

HH=4:  \$1,988 or below

\$1,989 or above

Race (select all that apply)

Amer. Indian/Alaska Native

Asian

Black/African American

Native Hawaiian/Other Pacific

White

Unknown - some other race

Ethnicity

Hispanic/Latino

Not Hispanic/Latino

How did you hear about Diabetes Prevention (select all that apply):

- Health Care Provider
- Radio
- Newspaper
- Flyer or Brochure
- Web site or Internet
- Other

\*An E-Number is an identification number assigned by OE-EBB to eligible employees and dependents. You can find your E-Number on your OE-EBB benefits summary (available online by logging into MyOE-EBB.org) or on your Moda Health medical card. If you need further assistance, you may call OE-EBB Member Services at 888-469-6322 or send an email to [oebb.benefits@oregon.gov](mailto:oebb.benefits@oregon.gov)

**FOR OFFICE USE ONLY**

Participant ID: \_\_\_\_\_

Lifestyle Coach ID: \_\_\_\_\_

Workshop Start Date: \_\_\_\_\_ (MM/DD/YY)

Workshop Location: \_\_\_\_\_

Determination:

GLUCTEST

GDM

Risk Test