Canyon Ranch Institute at Berkshire Health Systems
Life Enhancement Program Application

The Canyon Ranch Institute Life Enhancement Program (CRI LEP) through Berkshire Health Systems is searching for individuals who are ready to make healthy lifestyle changes! CRI LEP participants receive the multi-week program at no cost and are typically from low-income or medically underserved communities. This program is committed to helping individuals change their life, to help reach their best health and wellness by focusing on four dimensions of health: physical, mental, emotional and spiritual. Life Enhancement is designed to include: pre and post assessments, individual goal setting sessions and weekly group workshops over a three month time period (at least one, 3-hour class per week). If you are ready to pledge time and energy into getting yourself healthier, please complete the application. BHS’s goal is to help those in our community who will benefit the most from this integrated health program, please share why you are interested.

To be considered for the next program, please complete this application should you meet the criteria below:

- Age > 18
- Currently experiencing or at high risk for cardio-metabolic syndrome e.g. BMI > 30, elevated Blood Pressure, Insulin resistant, Diabetic, or diagnosed with some chronic disease
- Stable health (i.e., not hospitalized more than once in the past 12 months)
- Limited resources (i.e., on MassHealth or receiving public assistance of some kind)
- Motivated to make healthy lifestyle changes
- Mobile and able to reach local destinations for participation in the program

Please note that BHS began a study in 2014 that includes having participants in both a control group and the participant group for comparison data collection.
Applicant Information:

Name: _____________________________  Age: ___________ Gender: M __ F__

Contact Info:  Address: _____________________________

Phone: ___________ ___________ ____________

Email: _____________________________

Referred to this Program By: ______________________________

Employment Status: ___Full time ____Part time ___Retired ___Unemployed ___Disability

If Employed, where: _____________________________

Primary Language Spoken at home: ___English ___Spanish ___ Other:

Household Income: ___Less than $15,000 ___$15,000-30,000 ___$30,000-$50,000 ___$50,000+

Number of people in household: ______

Awareness of Medical Diagnosis: (Mark all that Apply):

___Asthma ___ Heart Disease ___ Diabetes ___ Depression ___ High Blood Pressure

___Overweight/Obesity ___ High Cholesterol ___ Other _____________________________

Why are you interested in participating in this multi-week program/what would it mean to you:

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Please submit your application to:

Maureen Daniels, LEP Core Team Lead

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Phone: 413-445-9241