**SmartHealth Custom Activity Request Form**

# INSTRUCTIONS

# Contact your [health promotion consultant](https://www.hca.wa.gov/about-hca/programs-and-initiatives/washington-wellness/contact-us) as soon as possible to plan your custom activity.

1. Enter information below
2. **At least 45 days ahead of your desired activity start date**, email your completed request form to [wawellness@hca.wa.gov](mailto:wawellness@hca.wa.gov) or your [Health Promotion Consultant](https://www.hca.wa.gov/about-hca/programs-and-initiatives/washington-wellness/contact-us).
   * Note: Development timeframes vary. More detailed challenges require more time to develop.

ENTER YOUR DETAILS

|  |  |
| --- | --- |
| **ORGANIZATION:** |  |
| **NAME:** |  |
| **PHONE:** |  |
| **EMAIL:** |  |

ENTER ACTIVITY DETAILS-See the next page for a KEY to help you fill out this form.

|  |  |  |
| --- | --- | --- |
| **ACTIVITY TITLE** | KEY area 1  40 Characters or less including spaces. | *Enter the title of your Activity* |
| **ACTIVITY REQUIREMENT** | KEY area 2  70 Characters or less including spaces. | *What action do participants need to take to earn points?* |
| **DEVICE-ENABLED** | Track with Fitbit or other tracking devices? | Yes  No |
| **RECURRENCE DETAILS** | How often will the activity occur? | ONE TIME |
| **ACTIVITY DESCRIPTION** | KEY area 3  2,000 Characters or less including spaces | *Use this space to add more detail, provide context, tips, relevant links, etc. Make sure to provide all the information needed to complete the activity.* |
| **ACTIVITY DATES** | KEY area 4 | **Start date:**  **End date:** |
| **IMAGE** | WebMD can select an image to use for the activity tile. | *Any image you submit must meet the specifications for file type and dimensions: png or jpg file, less than 100 kb, 1144 x 166 pixels.* |

**FOR WASHINGTON WELLNESS STAFF ONLY**

|  |  |
| --- | --- |
| **TARGET GROUPS** | Who should be eligible for this activity? Employee type, plan code(s), etc. |
| **POINT VALUE** | How many points per completion? |
| **ACTIVITY TYPE** | Is this a “Benefit Activity” or a “Featured Activity”? |

Please use the key below to help you complete your request.

|  |
| --- |
| KEY |

|  |  |
| --- | --- |
| 1 | Activity Title |
| 2 | Activity Requirement |
| 3 | Activity Description |
| 4 | Activity End Date |
| 5 | Points to be earned on completion (Washington Wellness to complete) |

KEY area 4

Graphical user interface, text, application

Description automatically generated

KEY Area 3

KEY Area 2

KEY Area 5

KEY Area 2

KEY Area 1

Graphical user interface, website

Description automatically generated