



The Bay Area's NANP Emergency Support Team (NEST)

A Nutritional “insurance policy”

Welcome to NEST, the NANP Emergency Support Team, created by caring colleagues to help nourish each other through difficult times.

The concept is simple. By signing up to be part of NEST, you will not only be helping others, but providing a nutritional “insurance policy” for yourself, should you need it.

Since we are normally a healthy bunch and growing in numbers, your time commitment would most likely be limited to a few days a year, at most. Of course the more people sign up, the less time involved per person. What a wonderful way to help take care of our own and ourselves at the same time!

Supporting one another

Though we'd rather not think about it, any one of us could wind up being a hospitalized patient at some point in the future. What a place for a nutritionist to wind up!

If that should happen, however, wouldn't it be a relief to know that there would be like-minded folks to:

- **Bring soothing broths and nutrient-rich foods to your bedside?**
- **Provide emergency nutritional information and support to you and your family if you are facing surgery, recovery, or other trauma?**

How it works:

The ultimate goal is to set up NEST phone trees in multiple locations, so that we can respond quickly to a member in need. The first \$50 in food expenses will be reimbursed by NEST funds. Supplements and additional food expenses will be paid by the NEST member who is in need of care.

To sign up:

- Fill in two forms:
 - Bay Area Sign-up form
 - Consent form
- Mail in the forms, along with the annual \$10 fee.
- After you've signed up, you'll receive a confirmation that you have been entered into the NEST database.

Follow this link to pay online:

www.nanp.org/education_ce_art.htm

Fee to join:

The cost to join is \$10 per year to help cover the cost of gas and food supplies. Our service to one another is entirely voluntary.

Outside the Bay Area?

If you are outside the Bay Area and would like to start your own NEST program, contact one of the steering committee members for guidance.

Steering Committee:

Heidi Snyder, MC, NC
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Helayne Waldman, Ed.D., NE
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NANP Emergency Support Team (NEST)

Consent form

To: _____
(name of NEST Participant)

We, members of the **NANP Emergency Support Team (NEST)**, are practitioners of **nutrition**, not licensed physicians, nor are **nutrition services** licensed by the state of California. The idea behind **nutrition** is that:

When properly grown and prepared, foods and the nutrients found in foods, can be supportive of health, enhancing quality of life and well-being.

As practitioners of **nutrition**, we provide the following kinds of services:

- Diet and nutrition support
- Individualized dietary guidance appropriate to your health status
- Research on your health concerns, if needed and requested
- Health support complementary to that provided by licensed professionals

These services in **nutrition** are alternative or complementary to healing arts that are licensed by the State of California. Under Sections 2053.5 and 2053.6 of California's Business and Professions Code, we can offer these services, subject to requirements and restrictions that are described fully on the patient information sheet (see www.californiahealthfreedom.com).

We recommend that you inform your medical doctor, family, and caregivers, that you are receiving **nutrition** services.

Acknowledgement and Consent to Receive Services:

I have read and understand the above disclosure about the **nutrition services** offered by **NEST**. I have discussed with **NEST** the nature of the services to be provided. I understand that **no member** of **NEST** is a licensed physician and that **nutrition** services are not licensed by the state of California. I understand it is my responsibility to maintain a relationship with a medical doctor or licensed health provider. I have consented to the services offered by **NEST**, and agree to be personally responsible for the supplements and supplies **NEST** provides in connection with the services provided to me.

Signed: _____ Print: _____ Date: _____
(NEST Participant)



NANP Emergency Support Team (NEST)

Sign-up form

Name: _____ Date: _____

Telephone: _____

Address: _____

E-mail address: _____

Degrees, certifications: _____

Emergency contact info:

Name: _____

Telephone: _____

Address: _____

Relationship: _____

Payment: \$10. Make check payable to, and send it and this form to:

Julie Spero
3204 Ettie Street
Oakland, CA 94608

Or go to NANP's shopping cart at:
www.nanp.org/education_ce_art.htm