

# Craving to Quit Application



## Contact Information

Name	
Street Address	
City ST ZIP Code	
Cell Phone	
E-Mail Address	

## Please check your status

- UofS employee (no cost)
- UofS student (no cost)
- UofS dining services (no cost)
- Immediate family member of UofS employee (no cost while supplies last)
- UofS relative name: \_\_\_\_\_ relationship: \_\_\_\_\_
- Extended family member of UofS employee (discount while supplies last)
- UofS relative name: \_\_\_\_\_ relationship: \_\_\_\_\_
- Scranton Community Member (\$24.99 month for app)

## Readiness to Quit

Please check the answer which best describes your readiness to quit tobacco. I want to quit tobacco:

- Someday
- In the next few weeks
- Right now
- It is not a problem for me now

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted into the Craving to Quit program that I certify that I will use the payment code only for my Craving to Quit registration and will not share the code with anyone else.

Name (printed)	
Signature	
Date	

Craving to Quit is made possible from funds from CVS Health



Return to: CHEW, 205K The DeNaples Center, The University of Scranton, Scranton, PA 18510

FOR OFFICE USE ONLY: PROGRAM CODE \_\_\_\_\_ EMAIL SENT \_\_\_\_\_