



# My Healthy Goal!



To keep my body healthy,

I will \_\_\_\_\_.

Signed,

\_\_\_\_\_

name

\_\_\_\_\_, 20\_\_

date

Draw a picture here.

For food stamp information, call 877-847-3663.  
Funded by the USDA Supplemental Nutrition Assistance Program,  
an equal opportunity provider and employer.  
California Department of Public Health

 ALAMEDA COUNTY OFFICE OF EDUCATION  
SHEILA JORDAN, SUPERINTENDENT  
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[www.acoe.org](http://www.acoe.org)



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