

Senior Brown Bag/Homebound Delivery Application

Office Use Only

DATE:

Site:

CLIENT INFORMATION

NUMBER OF PEOPLE IN HOUSEHOLD:

INCOME LIMIT FOR 1 PERSON: **\$2,949.25**

MONTHLY INCOME:

INCOME LIMIT FOR 2 PEOPLE: **\$4,002.83**

PARTICIPANT NAME (FIRST, MI, LAST):

PHONE NUMBER:

DATE OF BIRTH:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

Volunteers make Brown Bag a reality. Please check if you can help:

I can help at the Brown Bag site distribution

I can deliver Brown Bags to folks who are unable to leave their homes

I can help with other activities (gleaning, preparing bags at the food bank, etc.)

Delivery requests

Food for People is able to provide delivery to a limited number of disabled Senior Brown Bag & Homebound Delivery participants, depending on available volunteer drivers. Please check here if you need delivery, and we will try to provide it.

If you are requesting delivery, how do you usually get your groceries?

If requesting delivery, please provide specific directions to your house & other details that help a volunteer driver know how to find your door:

Please provide a friend or family member's phone number, in case we can't reach you for delivery:

SIGNATURE:

DATE:



PO Box 4922, Eureka, CA 95502
(707) 445-3166 phone
(707) 445-5946 fax
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HOMEBOUND DELIVERY PROGRAM REFERRAL FORM

Homebound Delivery Program applicants accepted into the program will receive food assistance (supplemental groceries) once per month. All Homebound Delivery applications require a medical referral (this form) from a doctor, hospital, home health worker, or other area medical service provider. Please note that this referral does not guarantee immediate admittance to the program. There may be a waiting list.

Client Last Name	First Name	Phone #	Date of Birth
Street Address	City	State	Zip Code

- Reason for Referral:
- Are there any special dietary needs or restrictions? Please describe:
- How long would you recommend this client stay on program? _____
- Is the client a possible candidate for ongoing assistance beyond one-year certification period? (Referral must be medical related. Not having a vehicle does not qualify client)
() Yes () No
- If yes, please explain:
- Is the client likely to need the program indefinitely? () Yes () No
- If yes, please explain:
- Other comments (is the client in a crisis situation?)

CLIENT REFERRED BY: (PLEASE PRINT)

Name: _____ Position: _____
Agency/Office: _____ Phone #: _____
Signature: _____ Date: _____

*****Please fax or mail this application using info at the top of this form
OR scan & email it to Seniors@foodforpeople.org*****