



Food for People, Inc.
The Food Bank for Humboldt County
 307 W. 14th St.
 Eureka, CA 95501
 (707) 445-3166
 (707) 445-5946 fax
 www.foodforpeople.org

HOMEBOUND DELIVERY PROGRAM REFERRAL FORM

Homebound Delivery Clients 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 to the fax# or address at the top of this form