



Date of Referral: _____

Type of Referral: **Farm to Home Food Program**

Referral Source name, agency and relationship to Consumer: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

How did the applicant hear about the Program? _____

Applicant Name: _____ Applicant Language: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Gender: _____ DOB: _____ Lives alone? Y N

Number of people in the household? _____ Number of people aged 60 or over? _____

Number of people who identify as Hispanic/Latino _____

Household Monthly Income: _____

Is the applicant a female single-parent head of household with dependent minor children living with them? Y N

Is the applicant disabled or handicapped? Y N

Is anyone else in the household disabled or handicapped? Y N If yes, how many? _____

Any special instructions for contacting the applicant? _____

Alternate Contact Name: _____ Relationship to Consumer: _____

Alternate Contact Email: _____ Alternate Phone Number: _____

Does the applicant currently receive any of the following:

- SNAP Medicaid (MassHealth) VA Benefits Senior Farm Share
- SSI Meals on Wheels Brown Bag Food Pantry
- SSDI

Household Race(s): number of each in household. Please indicate applicant's race with an *

_____ White	_____ Black/African American	_____ American Indian/Alaskan Native
_____ Asian	_____ Black/African-American and White	_____ Native Hawaiian/Pacific Islander
_____ Asian and White	_____ American Indian/Alaskan Native and Black/African American	
_____ Other Race(s): _____		

- Does the applicant cook their own meals or have someone who helps? Y N
- Does the applicant have a computer or smartphone? Y N
- Does the applicant have access to the internet? Y N
- If "yes", is the applicant able to place a food order online or know someone who can help? Y N
- If "no" does the applicant have a friend or relative who can place the online food order for them? (This person does not have to live locally to help.) Y N
- If "no", would the applicant like a volunteer to assist in placing the online food order? Y N

Please Initial Below

Informed Consent:

The information you have provided on this application will be held confidentially and in compliance with HIPAA regulations. I give LifePath permission to maintain the information I have provided about myself and my household and only share it with others on a need to know basis and in compliance with the Farm to Home Food Program's funding requirements.

_____ If I am eligible, I agree to be home each month to receive my food delivery.

BY SIGNING OR E-SIGNING BELOW I (WE) CERTIFY THAT THE ABOVE INFORMATION REGARDING INCOME AND APPLICANT DETAILS IS TRUE AND ACCURATE TO THE BEST OF MY (OUR) KNOWLEDGE.

Applicant Name (please print): _____

Signature: _____ Date _____

Please return this form to LifePath:

By fax: 413-772-1084
By email: mjohnson@lifepathma.org
By mail: LifePath
Farm to Home Food Program
101 Munson Street, Suite 201
Greenfield, MA 01301