

Get Out and Dine Application 2023

First Name: _____ MI: _____ Last Name: _____

Birthdate: ____/____/____ Age: _____ Gender: _____ Male _____ Female

Street Address

Apt#

City

Zip Code

County

Phone Number

DO YOU RECEIVE HOME DELIVERED MEALS? _____ YES _____ NO

DO YOU LIVE ALONE? _____ YES _____ NO

ARE YOU DISABLED? _____ YES _____ NO

COMBINED HOUSEHOLD INCOME:

____ \$0- \$749 PER MONTH

____ \$750-\$999 PER MONTH

____ \$1000- \$1999 PER MONTH

____ MORE THAN \$2000 PER MONTH

ETHNICITY:

____ WHITE/CAUCASIAN

____ HISPANIC/LATINO

____ AFRICAN AMERICAN

____ ASIAN/PACIFIC ISLANDER

____ AMERICAN INDIAN/ALASKAN

____ OTHER

EMPLOYMENT STATUS:

____ UNEMPLOYED

____ FULLTIME

____ PART TIME

____ RETIRED

Complete other side



Please check "yes" or "no" for each question	YES	NO
Have you made changes in your eating habits as a result of a health problem?		
Do you take up to three (3) or more prescribed or over-the-counter medicines?		
Are you NOT always physically able to shop, cook and/or feed yourself?		
Without wanting to, have you lost or gained ten (10) pounds in the last six (6) months?		
Do you sometimes NOT have enough money to buy food?		
Do you eat fewer than two (2) meals a day?		
Do you eat fewer than five (5) servings (1/2 cup each) of fruits and vegetables each day?		
Do you eat fewer than two (2) servings of dairy products each day?		
Do you have three (3) or more drinks of beer, liquor, or wine a day?		
Do you eat alone most of the time?		

By signing below, I certify that I have completed the entire application and all information is true and correct. I understand that if I have given any false information, I may be removed from the Meal Program.

Signature: _____

Date: ____/____/____