

Get Out and Dine Application 2024

First Name: _____ MI: _____ Last Name: _____

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

Street Address Apt# City Zip Code

Township: _____

County _____ Columbiana Phone Number _____

_____ Mahoning Is the number provided a ____ Cell ____ Landline

_____ Trumbull Can we text program updates? ____ Yes ____ No

DO YOU RECEIVE HOME DELIVERED MEALS? _____ YES _____ NO

DO YOU LIVE ALONE? _____ YES _____ NO

ARE YOU DISABLED? _____ YES _____ NO

TOTAL HOUSEHOLD INCOME:

____ \$0- \$1200 PER MONTH

____ \$1201-\$1800 PER MONTH

____ \$1801- \$2499 PER MONTH

____ MORE THAN \$2500 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: ____/____/____