Food Security 4 Seniors Registration Form

Registration Date:_____

Referring Agency Name:_____ **Referrer Name:**_____

Referrer Phone:_____ **Referrer Email:** _____

Name:	Date of Birth:
Address:	
City and State:	Zip:
Name of Complex/Living facility:	
Home Phone:	Cell Phone:
Email:	
Please be sure to provide a working phone number. Driver will call the number you provide prior to delivery. The DoorDash driver will call when they are on the way to your address. Please answer your phone and make sure to be available.	
Demographic Information:	
☐ Male ☐ Female	Are you a Veteran: ☐ Yes ☐ No
Marital Status: ☐Single ☐Married ☐Partnered ☐Separated ☐Divorced ☐Widowed	
Ethnicity: ☐Hispanic ☐Black ☐White ☐Cambodian ☐Filipino ☐Other:_____	
What is your primary language:	
Living Situation: ☐ Live alone ☐ With Spouse ☐ With Family ☐ With Caregiver ☐ With other	
Qualifications for Program:	
Check all that you receive: ☐ CalFresh ☐ Medi-Cal ☐ SSI ☐ Other:_____	
Are you able to cook your own meals? ☐ Yes ☐ No ☐ Other:_____	
Do you have an underlying health condition? ☐ Yes ☐ No If yes, what are they?:	
Delivery Preferences:	
Deliveries are processed every Thursday and are scheduled to be delivered between 11am and 3pm. Drivers are instructed to leave the groceries at the door if you are not there. If you cannot be there, have a neighbor or someone get your delivery for you.	
Grocery Information:	
Do you have food allergies? ☐ Yes ☐ No	If yes, what are you allergic to?
Are there any foods you dislike and would like to have omitted?	
Are there any foods your doctor recommends you have more of?	

What foods do you enjoy on a weekly basis?

Milks: ☐ Cow Milk ☐ Almond Milk ☐ Soy Milk ☐ Other:_____

Cereals: ☐ Cold Cereal ☐ Oatmeal ☐ Grits ☐ Other:_____

Proteins: ☐ Eggs ☐ Yogurt ☐ Peanut Butter ☐ Beef ☐ Tofu
☐ Pork ☐ Chicken ☐ Turkey ☐ Fish ☐ Beans ☐ Other:_____

Carbs: ☐ White Bread ☐ Wheat Bread ☐ Gluten Free Bread ☐ Tortillas
☐ Rice ☐ Pasta ☐ Potatoes ☐ Other:_____

Vegetables: ☐ Broccoli ☐ Corn ☐ Carrots ☐ Green beans
☐ Peas ☐ Squash ☐ Spinach ☐ Lettuce
☐ Other:_____

List other foods you like to regularly eat:

Do you have any Cultural food preferences? (List which ethnic foods you enjoy)

Hispanic Foods: _____

African American Foods:_____

Cambodian Foods:_____

Filipino Foods:_____

Other:_____

Geographic Information:

Do you live in an ☐ Apartment or ☐ House?	Do you live in a gated community? ☐ Yes ☐ No

What color is your house/apartment building?

If there is a gate code to your housing complex, please provide the number:

What are the nearest cross streets to your home?

Drivers are instructed to leave the groceries at your door if you are not there. Please be available when they call and make plans to be at home.

NOTE: This is a 7 month program that provides free home delivery of groceries (not meals). This program will end March 2027. After March, you are more than welcome to participate in our delivery program, the Long Beach Food Pantry Deliver Program, which provides the some great home delivered groceries for just $10 per delivery. Visit the website to register and for more information. www.helpmehelpu.org/lbfpd

Email completed form to info@helpmehelpu.org or fax to 562-270-0615
Or mail to: Help Me Help You, PO Box 32861, Long Beach CA 90832