



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](mailto:mjohnson@lifepathma.org)  
By mail: LifePath  
Farm to Home Food Program  
101 Munson Street, Suite 201  
Greenfield, MA 01301