

Date _____ FamilySize _____

Name _____
First MI Last

Address _____
Street Apt

City State Zip

Phone _____
Main Phone Work Phone

Cell Phone Fax Number

Pager Emergency Phone

E-mail Address

What is your marital status? (Circle one)
Single Married Separated Divorced Widowed

Are you pregnant? (Circle one)
Yes No
If yes, what is your due date? _____
Month/Year

What transportation do you use? (Circle all that apply)
Bus Car Ride (with another) Bicycle Walk

What is your primary language? (Circle one)
Amharic Hmong Somali Cambodian Laotian
Spanish English Russian Sudanese

Do you need a special diet? (Circle one)
Yes No
If yes, what foods? _____

If you are disabled or 65 and older, please complete.

Are you disabled? (Circle one)
Yes No
If yes, what condition? _____

Are you...? (Circle all that apply)

- Living in a 'Seniors Only' high-rise.
- Living in a 'Handicapped Only' high-rise.
- Using a walker or a cane.
- Using a wheelchair.
- Legally blind
- Deaf or Mute

If you are physically disabled, you can assign a Care Giver to pick-up your Grocery Order.

Care Giver Name _____
First MI Last

Relationship to you _____