

Brown Bag Program Screening Form

Date: ____/____/____ 1st Delivery ____/____/____ ROUTE _____

Name: Last: _____ First: _____

Address: _____ City: _____ Zip: _____

Directions: _____

Phone: (____) _____ Sex: M F Birthday: ____/____/____

Race: Black Caucasian Hispanic Other

Others in Household: _____

Qualifying Conditions:

Live within Longview city limits? YES NO

Unable to drive? YES NO

Have transportation? YES NO

Disabled or poor health? YES NO

Condition? _____

How normally receives groceries? _____

Working smoke detector? YES NO Batteries Current? YES NO

Income:

Retirement/Pension? YES NO Amount? \$_____/mo

Social Security? YES NO Amount? \$_____/mo

SSI? YES NO Amount? \$_____/mo

Disability? YES NO Amount? \$_____/mo

Food Stamps/SNAP? YES NO Amount? \$_____/mo

Other? YES NO Amount? \$_____/mo

Additional Information:

Trouble opening cans? YES NO

Trouble opening jars? YES NO

Special nutritional needs? YES NO

What are these? _____

How did you hear about the program? _____

Status: Waiting List

Active

3/22/2016