

Feeding Friends Food Access Intake Form

Name _____

Date _____

How many in your household

Ages:

0-18 _____

19-64 _____

65 and up _____

Are any of these individuals living with a disability?

Town _____

1. Are there barriers to preparing your own meals? Do you have the proper kitchen equipment? If not, what are you in need of?

2. Do you utilize food assistance programs (please check all that apply):

- Food pantry
- SNAP
- WIC
- Senior Meals
- Farmers Market Coupons
- HIP (Healthy Incentives Program)
- Market Match
- Meals on Wheels
- Front Lawn Food
- Free and reduced school meals

3. If you don't use any of the listed programs, can you tell us why? (Transportation, weather, language barrier, uncomfortable, childcare, COVID concerns, need assistance signing up)

4. In the past month, have you had enough food to feed yourself? Have some members of your family needed to skip meals?

5. Is your need for food assistance year round or seasonal?

6. If you need to receive prepared meals, please provide your contact information.

Please provide your address here:

7. What is the best way to communicate with you?

- Email address _____
- Texting (please provide number) _____
- Working phone (please provide number) _____
- WhatsApp (please provide number) _____
- Open to using Zoom?

8. What else do we need to know about your food needs?

9. How has COVID affected your ability to feed yourself or your family?

Disclaimer about Southern Berkshire Rural Health Network food distribution:

We have limited resources available for prepared meals but we have a variety of ways to help you. This survey will help us understand how to best help you meet your food needs.

Please send this form to:

Southern Berkshire Rural Health Network
29 Lewis Ave, Great Barrington, MA 01230

Or email: jschwartz3@bhs1.org