

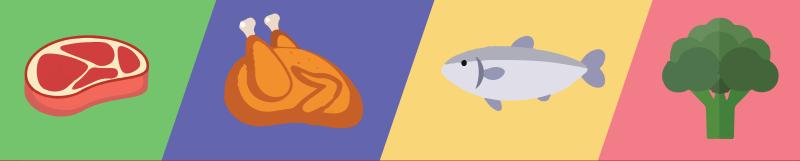
Need Help To Make It Through The Summer? Recently gone through surgery & need help with food?

Tustin Community Foundation is nourishing our Senior Community\* during these tough times by delivering meals. Seniors recovering from an illness can also receive meals on a limited basis.

## FREE Meals Through The Summer!

Every Friday 3 FREE restaurant meals, from Friends Cafe will be delivered to your home!

Meals will be either beef, chicken, fish, and/or vegetarian and will be delivered from 4:30-5:30pm



Seniors must complete the application on the back of this flyer & return the application to **P.O Box 362 Tustin, CA 92781** 

\*This program is for qualifying Seniors in the greater Tustin Area. Seniors participating in Meals on Wheels are not eligible.

TustinCommunityFoundation.com (714) 393-8506 | FriendsCafeTustin.com (714) 617-4661



## **Friends Feeding Seniors Registration Form**



Please PRINT all information on this form. This information is being collected for total program purposes and does not have bearing on your participation. All information will remain confidential. This program is partially federally funded.

You may not participate if	you currently receive meals from	Meals on Wheels.	Circle One: SHORT or LONG TERM
LAST NAME:		FIRST NAME:	
BIRTH DATE:	AGE:	LANGUAGE SPOKEN:	
Completed by TCF	SUPERVISOR DISTRICT:		ROUTE:
<b>Nutritional Assessmen</b>	it: (Please check all that apply	<b>/</b> )	
] ] ] ] ] ] ] ]	<ul> <li>□ I am not always physically able to shop and/or cook for myself.</li> <li>□ I am recovering from a health issue and need meal assistance.</li> <li>□ I do not always have the money to buy the food I need.</li> <li>□ I take 3 or more different prescribed or over-the-counter drugs per day.</li> <li>□ I eat fewer than 2 meals per day.</li> <li>□ I eat few fruits or vegetables per day.</li> <li>□ I eat alone most of the time.</li> <li>□ I am concerned about leaving my house because of the COVID pandemic.</li> <li>□ I do not receive Meals on Wheels.</li> </ul>		
Residential Address Name of Residential Co			
Street:	,		
City:		Zip Code:	
Phone Numbers :		Email Address:	
Title IIIB Eligiblilty			
Household: [	☐ Lives Alone ☐ Doesn't Live Alone	Gender:	<ul><li>☐ Male ☐ Female</li><li>☐ Decline to State</li></ul>
Veteran: [	□ Yes □ No	Military Branch:	
Disabled:	□ Yes □ No	Special Delivery Ne	eds:
Race: [ (Check all that apply) [ [	<ul><li>☐ Asian</li><li>☐ Black/African American</li><li>☐ Hispanic/Latino</li><li>☐ White</li></ul>		Pacific Islander/Hawaiian American Indian/Alaskan Decline to State
<b>Emergency Contact Inf</b>	formation		
Name:		Relationship:	
CLIENT SIGNATURE:		DATE:	

RETURN FORM TO: Tustin Community Foundation OR

PO Box 362

Tustin, CA 92781

erin@tustincommunityfoundation.org