



Friends Feeding Seniors

***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:

Nutritional Assessment: (Please check all that apply)

- ☐ I am not always physically able to shop and/or cook for myself.
- ☐ I am recovering from a health issue and need meal assistance.
- ☐ I do not always have the money to buy the food I need.
- ☐ I take 3 or more different prescribed or over-the-counter drugs per day.
- ☐ I eat fewer than 2 meals per day.
- ☐ I eat few fruits or vegetables per day.
- ☐ I eat alone most of the time.
- ☐ I am concerned about leaving my house because of the COVID pandemic.
- ☐ I do not receive Meals on Wheels.

Residential Address

Name of Residential Community:

Street:

City:

Zip Code:

Phone Numbers :

Email Address:

Title IIIB Eligibility

Household:	<input type="checkbox"/> Lives Alone <input type="checkbox"/> Doesn't Live Alone	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State
Veteran:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Military Branch:	
Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Delivery Needs:	
Race:	<input type="checkbox"/> Asian (Check all that apply) <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White	<input type="checkbox"/> Pacific Islander/Hawaiian <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Decline to State	

Emergency Contact Information

Name:	Relationship:
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CLIENT SIGNATURE: _____

DATE: _____

RETURN FORM TO: Tustin Community Foundation OR erin@tustincommunityfoundation.org
PO Box 362
Tustin, CA 92781