

Registration Form



Primary Shopper:

First and Last Name: _____ Age: _____

Gender: _____ Email: _____

Phone #: _____ Primary Language: _____ Zip Code: _____

Do you have any dietary restrictions?

- ☐ Vegetarian
- ☐ Vegan
- ☐ Gluten-Free
- ☐ Dairy Free (Lactose Intolerant)
- ☐ Fish / Shellfish
- ☐ Halal
- ☐ Kosher
- ☐ Low Sugar (Diabetes friendly)
- ☐ Peanuts / Tree Nuts
- ☐ Low sodium/saturated fat
- ☐ Don't know/Prefer not to answer

Does anyone in your household currently receive any government benefits? (select all that apply):

- ☐ CalFresh / Food Stamps
- ☐ Social Security
- ☐ SSDI / Disability
- ☐ Unemployment
- ☐ Medical
- ☐ LIHEAP
- ☐ WIC
- ☐ None
- ☐ Other Benefits
- ☐ Don't Know/Prefer not to answer

Has anyone in your household been diagnosed with any of the below health conditions? (circle all that apply):

Heart disease/stroke, High blood pressure/hypertension, Diabetes/pre-diabetes, None, Don't know/Prefer not to answer

Other Household Members (do not include primary shopper)

1. First and Last name: _____ Age: _____
2. First and Last name: _____ Age: _____
3. First and Last name: _____ Age: _____
4. First and Last name: _____ Age: _____
5. First and Last name: _____ Age: _____
6. First and Last name: _____ Age: _____
7. First and Last name: _____ Age: _____
8. First and Last name: _____ Age: _____

Providing your information is not required to receive services. All your information is private, secure, and will never be shared with third parties