

# 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

**Do you or anyone in your household receive CalOptima (circle your answer):**

- Yes
- No
- 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*