Food Assessment

Assessment Date: _____

Dose client have enough food to feed all members of the household?

____ Yes
____No
____Don't know
____Refused

Pre-Disaster, was client or any household members receiving:

___Woman Infants & Children (WIC) Benefits
___Supplemental Nutrition Assistance Program (SNAP)
___Assistance from local food pantries/food banks
___Meals on wheels
___Other

Other: _____

Since the disaster, has client requested help with food from anyone?

____ Yes
____No
____Don't know
____Refused

Referral Status	Referral	Provider Name	Telephone	Street	City	State	Zip Code
___Referral Made ___Not Eligible Resource not ___available	Assistance with D-SNAP application	_____					
___Referral Made ___Not Eligible Resource not ___available	Referral to community organizations for food needs	_____					
___Referral Made ___Not Eligible Resource not ___available	Referral to mass care assistance for immediate food needs	_____					
___Referral Made ___Not Eligible Resource not ___available	Referred to Senior Meals on Wheels Services	_____					
___Referral Made ___Not Eligible Resource not ___available	Social Services for WIC/ SNAP/D-SNAP	_____					

All needs identified in this assessment are self-reported by the client