

Food Assessment

Assessment Date: _____

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

Yes Don't know
 No Refused

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

Woman Infants & Children (WIC) Benefits Meals on wheels
 Supplemental Nutrition Assistance Program (SNAP) Other
 Assistance from local food pantries/food banks

Other: _____

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

Yes Don't know
 No Refused

Referral Status	Referral	Provider Name	Telephone	Street	City	State	Zip Code
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Assistance with D-SNAP application	_____					
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Referral to community organizations for food needs	_____					
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Referral to mass care assistance for immediate food needs	_____					
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Referred to Senior Meals on Wheels Services	_____					
<input type="checkbox"/> Referral Made <input type="checkbox"/> Not Eligible <input type="checkbox"/> Resource not available	Social Services for WIC/ SNAP/D-SNAP	_____					