

Office use only

Client #	Route
Date added	Referred out to
Confirmation email sent? <input type="checkbox"/>	

Dear Food Bank Client,

Food delivery is available from the YWCA to households in Central Seattle, regardless of age, health, or income. If you need food, we are here to provide. Your answers to the questions on the other side will help us better understand you and your family's food needs.

Because of COVID guidelines, we have been offering Home Delivery Service instead of in-person distribution. In order to keep our clients and volunteers safe, delivery is no-contact. We will drop the boxes and/or bags at your house door, or building lobby. We cannot go into homes, or go indoors.

When COVID virus concerns subside, we will re-open the food bank to in-person. We are looking forward to reconnecting with clients in person as soon as we can, and providing you with a more personalized experience, where you can choose the foods that fit your family's needs. With home delivery services, we are unable to personalize food boxes to meet specific dietary restrictions or cultural preferences. But, if you are homebound or need home delivery services, we are committed to ensuring those who cannot get to the food bank will continue to get the food they need.

The questions on this side of the form are required for home delivery. All information is confidential and will not be shared outside the YWCA. Please be sure to sign the form on the other side before submitting.

HOME DELIVERY SERVICE

Delivery Wednesdays from 11AM-2PM. Please read and sign other side of form.

NAME: First Last	
Street Address	Unit # Zip
<i>Address information is confidential and is only used to deliver your food</i>	
Delivery Instructions	
Email	Date of birth
Phone #	Mobile? <input type="checkbox"/> Yes <input type="checkbox"/> No
OK to receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Delivery will be confirmed by phone or text)	
Total # in household: _____	
# of household members (including you) by age group, fill in below:	
0-2 yrs. = _____ 3-18 yrs. = _____ 19-54 yrs. = _____ 55+ yrs. = _____	

Food Bank

<p><i>Your answers to the questions below will help us improve our program and serve you better. They are optional and choosing not to answer will not affect your eligibility for services.</i></p>	
<p>Do you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What language(s) do you speak at home?</p>
<p>When we can re-open, will you return for in-person shopping? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If no, how would you be able to get to the food bank if needed?</p>
<p>Do you need home delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason you can't come to the food bank in person? <input type="checkbox"/> Illness _____ Long-term? <input type="checkbox"/> Short-term? <input type="checkbox"/> <input type="checkbox"/> Disability _____ Other _____</p>	
<p>Do you need to go to more than one food bank to meet your needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which one(s)? _____</p>	
<p>Any special dietary restrictions or cultural preferences*?*</p> <p><input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> Halal <input type="checkbox"/> Kosher</p> <p>Any food allergies? Please list:* _____</p> <p>*NOTE: We have limited capacity to personalize home delivery food boxes, but we do want to understand your needs.</p>	
<p>What is your Ethnicity?</p> <p><input type="checkbox"/> Hispanic/Latino/Latinx <input type="checkbox"/> Non-Hispanic/Non-Latino/Non-Latinx <input type="checkbox"/> Don't Know <input type="checkbox"/> Prefer Not to Answer</p>	
<p>What is your Race? (check all that apply)</p> <p><input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Prefer Not to Answer</p>	
<p>What is your Gender? (check all that apply)</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly female or male (e.g. non-binary, genderfluid, agender, culturally specific) <input type="checkbox"/> Gender questioning <input type="checkbox"/> Don't Know <input type="checkbox"/> Prefer Not to Answer</p>	

To receive Home Delivery Service, you must be home on Wednesday 11:30-2:30pm

and YOU MUST ANSWER THE PHONE to confirm you will get your food

Signature: _____

Date: _____

Once received, you will get an email confirming you're signed up and your first delivery date.