

Application & Agreement

Need help with this form? Contact a Community Health Worker: 888-834-4551

Name _____

Date _____

Address _____

Number in my household:

Adults _____ Kids _____

Check your preferred method of contact:

- ☐ Phone/landline _____
- ☐ Cell phone _____
- ☐ Text OK
- ☐ Email _____

I am currently a patient at
NorthLakes Community Clinic.

- ☐ Yes
- ☐ No

I visit these NorthLakes locations:

Eating more plant foods would help my health
condition:

I see these NorthLakes providers:

It's hard for me to afford fruits and vegetables.

- ☐ Yes
- ☐ No

I have basic cooking equipment.

- ☐ Yes
- ☐ No

PROGRAM AGREEMENT

I'm willing to set and track goals.

- ☐ Yes
- ☐ No

I understand that if the program is
full, I will be added to a waiting list.

- ☐ Yes
- ☐ No

I'm able to pick up my Farm to
Patient produce regularly.

- ☐ Yes
- ☐ No

I'm able to make a \$5 donation for
my share.

- ☐ Yes
- ☐ No

If not, how much can you afford?
Please apply if you can't donate.

If I can't attend a pickup time, I will contact someone who can (list names here):

CONTINUED ON BACK

I'm applying for the Farm to Patient Program because I would like to: **Choose Top 3**

- | | |
|---|--|
| <input type="checkbox"/> Eat more fresh vegetables and fruits | <input type="checkbox"/> Eat at home more often |
| <input type="checkbox"/> Learn how to better prepare vegetables | <input type="checkbox"/> Improve my health through diet |
| <input type="checkbox"/> Learn more about healthy eating | <input type="checkbox"/> Improve my mood by healthy eating |
| <input type="checkbox"/> Cook more with my family | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Teach my kids to eat healthy | |

Additional comments:

Printed Name _____

Signature _____ Date _____

Please return completed applications to your local NorthLakes clinic (by mail or in person)
nlccwi.org

****To be completed by provider or clinic staff****

Farm to Patient Program: *Connects eligible, engaged NorthLakes Community Clinic patients with local farm shares. Creates better access to high quality, fresh fruits and vegetables. Includes wellness support and nutrition education by Community Health Workers.*

Diagnosis/Reason this patient would benefit:

NLCC services used by this patient:

Information you'd like us to know:

Your name _____ Title _____

[FOR OFFICE USE ONLY] Scan/email COMPLETED forms to: F2P@nlccwi.org