

Application & Agreement

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

Name _____

Date _____

Address _____

County _____

Number in my household
including myself:

Adults _____ Kids _____

Check your preferred method of contact:

Phone _____

Text OK

Email _____

Miles from my home to grocery
store or supermarket _____

I visit these NorthLakes locations:

Eating more plant foods would help my health.

- Yes
- No

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 participated last year/season 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 fresh
produce regularly. Yes
 No

I'm able to make a \$5 donation for
my share. Yes
 No

If not, how much can you afford? _____
We invite a donation but it is
not required.

_____ CONTINUED ON BACK _____

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

- Eat more fresh vegetables and fruits
- Learn how to better prepare vegetables
- Learn more about healthy eating
- Cook more with my family
- Teach my kids to eat healthy
- Eat at home more often
- Improve my health through diet
- Improve my mood by healthy eating
- Other _____

Additional comments:

Printed Name _____

Signature _____ Date _____

*****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:

*****Please print clearly*****

Your name _____ Title _____

Scan/email COMPLETED form to F2P@nlccwi.org