



Sequim Food Bank

Welcome Home Food Program

Referral Form

Referring agency: _____

Referring contact name: _____

Phone: _____ E-mail: _____

Patient name: _____

Patient address: _____

Phone: _____ E-mail: _____

Welcome Home Food deliveries will be brought to the front door. If additional accommodations are needed, please explain: _____

Discharge date: _____ First delivery date: _____

Special dietary needs: Gluten Free Vegetarian
 Dairy allergy Nut allergy

Is the patient interested in information regarding Sequim Food Bank regular home delivery at the end of four (4) week program? Yes No

Consent:

By signing this form, you consent to allow the above agency to provide Sequim Food Bank and the Welcome Home Food delivery program the information on this form.

In addition, you are acknowledging that Welcome Home Food, provided by Sequim Food Bank, is a free delivery service of pre-made nutrient dense, low sodium meals which will be delivered to your home once per week for four (4) weeks. The recipes for the pre-made meals have been designed under the guidance of a licensed registered dietician to provide meals and food that will contribute to a healthy lifestyle.

The pre-made meals are prepared in a kitchen that is not a certified allergen-free kitchen, some cross-contamination of gluten, dairy, nuts, meat, or other ingredients may occur in the cooking process and is not suitable for those with severe food allergies.

Name: _____ Phone: _____

Signature: _____ Date: _____