



# City of Hialeah Gardens

## Application for Nutrition Program

### Senior Center

10001 N.W. 87th Avenue, Hialeah Gardens, FL 33016  
Phone (305) 558-4114 Fax (305) 819-5315

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Name: \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_

Do you live with: Spouse \_\_\_ Family \_\_\_ Alone \_\_\_ Friend \_\_\_ Other \_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you previously enrolled in the nutrition program: Yes \_\_\_\_\_ No: \_\_\_\_\_

Do you have any physical and/or health disability that prohibits you from participating in the congregation? If so, please specify:

\_\_\_\_\_  
\_\_\_\_\_

Do you need transportation to the meal site: Yes \_\_\_\_\_ No \_\_\_\_\_

How many days a week would you like to participate: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_

If less than five days, indicate which days: Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_

How many meals a day do you eat: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_

When you eat, which of the following do you normally include in your meals:

\_\_\_ Breads, cereals, pasta, rice      \_\_\_ Vegetables, fruit  
\_\_\_ Meats, poultry, fish              \_\_\_ Milk or dairy products  
\_\_\_ Other, please specify: \_\_\_\_\_

Do you eat alone? Yes \_\_\_ No \_\_\_ Do you receive food stamps: Yes \_\_\_ No \_\_\_ Commodities: \_\_\_\_\_

I hereby agree to present myself in an orderly manner and comply with the rules established by the Nutrition Program and the State of Florida. I understand that failure to follow established rules of conduct may result in termination of my nutritional services:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Interviewer's Signature

Recommendation: Congregate \_\_\_\_\_ Home Delivered \_\_\_\_\_