



Mobile Market Registration Form

Name	Date of Birth
Address	Phone Number
Does anyone in the household receive SNAP/food stamps benefits? Yes No	Do you currently have <i>Diabetes</i> or <i>Pre-Diabetes</i> ? Yes No
Are you a patient of GLFHC? Yes No	How many children in the household between the ages of 0-17?
How many adults in the household between the ages of 18-64?	How many adults in the household age 65 or older?
Within the past 12 months: <i>The Food We Bought Just Didn't Last And We Didn't Have Money To Get More</i> Often Sometimes Never	Within the past 12 months: <i>We Worried Whether Our Food Would Run Out Before We Got Money To Buy More</i> Often Sometimes Never