



Emergency Food Assistance Request Form

Request Date: _____

Requesting Agency: _____

ARIES Client Identifiers (must match your agencies record exactly & can be verified on the demographic detail tab):

Name: _____ Date of Birth: _____
(Last) (First) (Middle Initial)

Mother's Maiden Name: _____ Gender: Male Female Transgender MTF Transgender FTM
(1st 3 letters only)

Is client registered in ARIES? Yes No If Yes, have they agreed to share their data? Yes No

If Yes to both questions above, go directly to the request section below.

Client's Current Residential Address or New Address (if moving):

Address: _____ City: _____ CA Zip Code: _____

Ethnicity: Hispanic/Latino(a) Race: White Black Asian Pacific Islander
 Multiple Races Am. Indian/Nat. Alaskan Unk/Unreported
SSN: _____ Other

Living Situation: Permanent Non-Permanent Homeless Other/Unknown

Household Monthly Income: _____ Source of Income: _____

of adults living in household? _____ # of dependents (under 18) living in household? _____

Insurance Type: Medicare Medi-Cal Other Public Private None Other/Unknown

Diagnosis: AIDS Symptomatic Asymptomatic

Primary HIV Exposure: MSM Bisexual Heterosexual IDU Pediatric/Perinatal Other/Unknown
(check all that apply)

Request

Emergency Food Assistance:

Does client have ability to store perishable food? _____

Does client have ability to store non-perishable food? _____

Does client have access to a stove? _____

Does client have access to a microwave? _____

Number of emergency food bags required? _____**

**Client is limited to 12 weeks of emergency food assistance per 12 month period.

When will client pick up their first emergency food bag? _____

Provider's signature below certifies that applicant is eligible, the required documentation (letter of diagnosis and proof of income) is on file with their agency and all other resources and methods of payment for applicant have been exhausted so that Ryan White Treatment Extension Act will be the payer of last resort.

Provider's Signature

Printed Name

Phone Number

Date

Received by

Date

Email completed form to secure@mamaskitchen.org or fax at (619) 233-6283