

Berks Encore  
40 North 9th Street  
Reading, PA 19601

p: 610.374.3195  
f: 610.374.3483

BerksEncorePA.org

## Grocery Shopping Program



### REGISTERED CLIENT INFORMATION

#### HOUSEHOLD INFORMATION:

Client First Name \_\_\_\_\_

Client Last Name \_\_\_\_\_

Street \_\_\_\_\_

City, State and ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact Phone#: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Primary Language: \_\_\_\_\_ English

Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Race-Ethnicity: \_\_\_\_\_ White, Non-Hispanic  
(Optional) \_\_\_\_\_ Hispanic, Latino or Spanish  
\_\_\_\_\_ Other \_\_\_\_\_

SNAP Participant? Yes: \_\_\_\_\_  
(Food Stamps) No: \_\_\_\_\_

Please give the condition(s) that make it difficult for you to do your own shopping:

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Please return this form to:

Berks Encore  
Attn: JoAnne Lutz  
40 N. Ninth Street  
Reading, PA 19601  
610-374-3195 x 208  
Fax: 610-374-3483  
Email: [grocery@berksencore.org](mailto:grocery@berksencore.org)

Please indicate your desired shopping frequency:

Every Week: \_\_\_\_\_

Two times a month: \_\_\_\_\_

Once a month: \_\_\_\_\_

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