

**Grocery Shopping Program
Registered Client Application**

Application fee: \$5.00

Please remit \$5.00 application fee with application form. \$5.00 fee credited to first grocery order to cover the \$5.00 service fee. Application Fee is forfeited if an order is not placed within three (3) months of application.

Household Information

Client First Name

Client Last Name

Street Address

City, State and Zip

Home Phone

E-Mail Address

Cell Phone

Gender: Male Female

Primary Language: English Other

Date of Birth: _____

Specify: _____

Race/Ethnicity: White, Non-Hispanic
Hispanic, Latino/Spanish
Other Specify: _____

SNAP Participant: YES NO
(Food Stamps)

Emergency Contact

Emergency Contact Phone Number

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

I am unable to shop for groceries for myself and do not have other regular options to acquire groceries, and request a volunteer from Berks Encore to provide this service on a regular basis. I understand that it is my responsibility to call Berks Encore with my grocery order on either a Monday or Thursday of the week I require groceries. I also understand that I am responsible to write a check payable to Berks Encore for the amount of the groceries plus a \$5.00 handling fee when the volunteer delivers the groceries to my home.

Signature of Client

Date

Return this form to:

Berks Encore
Attention: Grocery Shopping Program
40 N. 9th Street
Reading, PA 19601

610-374-3195, Extension 219
Fax Number: 610-374-3483
Email: grocery1@berkscncore.org

Please indicate your desired shopping frequency:

Weekly _____

Bi-Weekly _____

Monthly _____

Please indicate whether your shopping needs will be:

Temporary ___ Ongoing ___