

Same Canoe Veggie Rx Enrollment



Please complete and sign this enrollment form and the questionnaire for your application to be considered. Then send them both to Same Canoe by mail (PO Box 865, Honaunau, HI 96726) or email (samecanoevrx@gmail.com).

Your name:

Age:

Phone:

Email:

Mailing Address:

Town:

State:

Zip code:

- How many members are in your household? _____
 - Circle any options below that apply to you or your household members:
 - Children (16 or younger)
 - Seniors (65 or older)
 - Someone with one or more disabilities
 - Someone of Native Hawaiian, Pacific Islander, or Filipino descent
- Are you currently enrolled in any of these programs? If so, please check all that apply:
MedQuest___ Medicaid___ SNAP/EBT___ WIC___ TANF___ Veterans Services___
Free/Reduced Lunch Students___ Food Basket or Pantry___ Senior Nutrition___
Native Hawaiian/Pacific Islander Services___
- Name of your regular health care clinic:
- Name of your regular primary care provider:
- Do you have a chronic health condition that could be improved by eating more fruits and vegetables? Circle either: YES NO or UNSURE
 - If YES or UNSURE, what is(are) the condition(s)?

I give permission to Same Canoe to contact me about the Veggie Rx program and to share my information with my health care provider to help foster long term nutrition education support.

Signature:

Date:

Be sure to also fill out the questionnaire for your application to be considered. Both completed forms are to be sent to Same Canoe by mail (PO Box 865, Honaunau, HI 96726) or email (samecanoevrx@gmail.com)