



MealsConnect – Participant Intake Form

The Community Transformers Foundation (CTF) is a private independent foundation serving communities in the Commonwealth of Virginia. CTF was established to advance health and social equity. The Foundation seeks to address the social determinants of health, promote wellness and equality in communities that are historically underserved and underrepresented. The Foundation addresses Food Insufficiency through the TransConnect and MealsConnect Program.

Please return participant intake forms to info@cmtymtransfoundation.org or fax: 804 506-0969

Address: 405 Hopewell Street, Hopewell, VA 23860

Participant First and Last Name: _____

Participant City and Zip Code: _____

Participant Phone Number (Mobile): _____

Participant Phone Number (Home): _____

Please circle if you receive any of the following:

SNAP	WIC	TANF	SOCIAL SECURITY	
MEDICARE	MEDICAID	MEDICAID PLAN A	MEDICAID PLAN B	OTHER:

of Adults in Household (18+): _____

of Youth in Household (under 18): _____

Gender: _____ Male _____ Female _____ Other

Race:

White, not of Hispanic origin _____ Black, not of Hispanic origin _____

Hispanic American _____ Indian/Alaskan Native: _____

Asian/Pacific Islander _____ Other: _____

Allergies: _____

What additional programs or support would you like to see in the community?

Referral Agency Name/Program: _____