

MGH Social Work and Nutrition & Food Service
Emergency Food Packs Program

Instructions

1. **Call x4-3663 to order** and arrange for on-site delivery (or pick-up at Blake Basement 004). **AT LEAST one hour's notice** is required, but packs are assembled when ordered, so as much notice as possible is appreciated. **Hours: 8:00 a.m. to 7:30 p.m. daily.**
2. Complete this form. **If ALL eligibility criteria are not met, please explain the extenuating circumstances.** Copy the completed form.
3. Give the original, signed form to the staff member who delivers the meal, or you may be instructed to fax it to 617-643-2535.
4. Send the copy of the form to Ellen Forman via house mail. No pre-approval required.
5. Please refer to appropriate community resources as soon as possible.

Patient Name: _____ **Date Needed** _____

MRN: _____ **Age:** _____ **City:** _____

Patient meets ALL of the following criteria* (please check):

- ☒ **1. MGH Patient**
- ☐ **2. Physical Limitation** – patient unable to shop for self
- ☐ **3. Financial need** – Income less than \$20,000/year
- ☐ **4. Known limited food supply in home** – typically because of extended hospitalization
- ☐ **5. No affordable grocery delivery in area**
- ☐ **6. Social Isolation** – lives alone and has no family/friend able to assist
- ☐ **7. Community services unavailable** – no meal delivery expected within 1-2 days
- ☐ **8. Geographic proximity** – will be home within 2 hours of discharge (to prevent spoilage)

***Doesn't meet ALL criteria? Please explain EXTENUATING CIRCUMSTANCES:**

Social Work Signature: _____ **Date:** _____

Name (please print): _____