

RX DIET ORDER FORM

FOR THE PATIENT TO COMPLETE:

Name (Last name. First name) _____

DOB _____

Address _____

Phone _____ Alternative Phone _____

Email Address _____

Please help us understand your current food situation:

- 1. Within the past 12 months, we worried whether our food would run out before we got money to buy more. YES NO
- 2. Within the past 12 months, the food we bought just didn't last and we didn't have money to get more. YES NO

PLEASE HAVE YOUR PHYSICIAN FILL THE BOTTOM HALF OF THE PRESCRIPTION FORM.



Please indicate the patient's medical diagnosis:

- IgE-mediated food allergies (including anaphylaxis)
- Other IgE-mediated food allergies: Oral allergy syndrome or atopic dermatitis
- Non-IgE-mediated disease: Food protein-induced enterocolitis syndrome (FPIES)
- Celiac disease
- Mixed IgE- and non-IgE-mediated diseases: Eosinophilic gastrointestinal disorders, allergic proctocolitis, or allergic contact dermatitis
- Immune-mediated diseases: Heiner syndrome

Please check all foods the patient needs to avoid:

- Dairy (cow's milk)
- Egg
- Peanut
- Wheat/gluten
- Soy
- Tree Nuts (All or list individually): _____
- Shellfish (All or list individually): _____
- Fish (All or list individually): _____
- Baked Milk
- Baked Egg

Patient Height _____ Weight _____

- Family Practice
- Internal Medicine
- Pediatrics
- Allergy
- Gastroenterology

Physician's Name _____

Physician's Signature _____

Physician's Address _____

Physician's Phone _____

Physician's Fax _____



All potential clients must complete a prescreen with Food Equality Initiative. Please have your doctor complete the Rx form and schedule a prescreen appointment today. Call 913-735-3125 or email contact@foodequalityinitiative.org.

Family Size Household Income is Below

1	\$ 29,425
2	\$ 39,825
3	\$ 50,225
4	\$ 60,625
5	\$ 71,025
6	\$ 81,425
7	\$ 91,825
8	\$ 102,225

IRS form 1090, your last 3 paystubs and any other income you receive such as disability or unemployment.

****If your total household income is at or below the numbers above, you qualify for the pantry. However, we understand that these conditions can be very costly, so if your income is above the listed requirements, but you are still struggling to pay for groceries, please fill out the form below to see if we can still help.

MISSOURI

CAC-SAFE Food Pantry
 Community Assistance Council
 10901 Blue Ridge Blvd.
 Kansas City, MO 64134
 (816) 763-3277
 Open Fridays 8am-2pm

LITTLE FREE PANTRY

A partnership with
 Whole Foods
 * Project Eagle and CCKC Families
 Only