



LAKEVIEW PANTRY

Eva Trampka, MSW
Home-Based Support Services Case Manager
3945 N. Sheridan Rd., Chicago IL 60613
773-525-1777 ext. 224
eva@lakeviewpantry.org

HOME DELIVERY PROGRAM INFORMATION

Thank you for your interest in Lakeview Pantry's Home Delivery Program! Please read through this form carefully before applying.

Program Basics:

- Lakeview Pantry Home Delivery provides each enrolled client with two (2) 20-25 pound bags of groceries one time per month.
- We deliver on Saturdays ONLY and are unable to make emergency or last-minute deliveries.
- Each enrolled client will be assigned to either Week 1, Week 2, Week 3, or Week 4. For example, if you are assigned to Week 1, you will receive your deliveries on the first Saturday of every month. Enrolled clients receive a calendar to assist with delivery planning.
- Groceries include (but are not limited to): dry/canned goods, milk, eggs, yogurt, fresh produce, frozen meats, and bread.
- We provide each enrolled client with their choice of three diets that have been approved by a registered dietician: **Regular** (no dietary restrictions), **Low Sodium** (limited salt, fat, and cholesterol), and **Diabetic** (low in salt, fat, cholesterol, and sugars).
- At this time, we are unable to further customize deliveries. Our apologies!
- Each adult in a household can receive their own delivery if they are found eligible. Minors are automatically eligible if they spend the majority of their time in the enrolled household.

To be eligible, you must meet the following criteria:

- You have a disability or health condition that prevents you from coming into Lakeview Pantry to pick up groceries.
- There is no one available that can come to Lakeview Pantry to pick up groceries on your behalf.
 - o If there is someone available who could pick up groceries for you, they can be your **'proxy'**. Contact Lakeview Pantry for more information.
- You live within our service boundaries: east of Western Ave., north of North Ave., and south of Argyle St.
- We are a low-income program, available to people whose income falls below a certain guideline. While we do NOT require proof of income, you will ask about your income. Please be truthful.

To apply:

1. Complete the following interest form and mail it to Lakeview Pantry (address above).
2. Have your doctor or another helping professional (social worker, case manager, therapist, nurse) fill out the referral form; ask the professional to fax the form to Lakeview Pantry.
3. Once our Home Delivery Coordinator receives your interest form, you will be contacted to arrange next steps. If we are currently enrolling clients, the Home Delivery Coordinator will schedule a home visit with you to make a final decision about your eligibility. If we currently have a wait list, you will be informed.



NOT ELIGIBLE FOR HOME DELIVERY?

Found ineligible for home delivery? Wait-listed? Here are other ways to get food.

1. Come to Lakeview Pantry during distribution hours and pick up food using our client-choice model, which means you choose the groceries you want.
 - Our distribution hours:
 - Mondays, Wednesday, and Fridays from 12:00pm to 4:00pm
 - Tuesdays and Thursdays from 5:00pm to 7:30pm
 - Saturdays from 11:00am to 3:00pm
2. Send someone to Lakeview Pantry to pick up groceries on your behalf. Follow the instructions below:
 - Fill out a Proxy Statement Form, located on our website (www.lakeviewpantry.org) in the Need Help? section under 'Caregiver Resources'. (If you do not have access to the internet, call us and we can mail you a proxy form.)
 - If you've never been to Lakeview Pantry, your proxy will need to bring your ID and proof of your address (like a piece of mail) to the pantry. Your proxy will also need to know your monthly income and rent.
 - Sign where it says "**Signature of Recipient**" and have your proxy sign where it says "**Signature of Proxy**".
 - Tell your proxy to bring a cart or bags and give your proxy a grocery list.
 - Send the completed Proxy Statement Form to Lakeview Pantry with your proxy; your proxy should give this form to the intake volunteer when they check in.
3. You may qualify for the City of Chicago's Meals on Wheels Program. This program delivers ready-made meals that need to be reheated. If you are 59 or younger and have a disability, call **312-744-6673**. If you are 60 or older, call **312-744-4016**.



LAKEVIEW PANTRY

Eva Trampka, MSW
Home-Based Support Services Case Manager
3945 N. Sheridan Rd., Chicago IL 60613
773-525-1777 ext. 224
eva@lakeviewpantry.org

HOME DELIVERY INTEREST FORM

To be completed by the applicant

Thank you for your interest in Lakeview Pantry's Home Delivery Program. In order to begin your application for Home Delivery, please complete this form and return to the address listed above. NOTE: completing this form does not mean that you have been accepted into the program.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE NUMBER: _____

What is your monthly income? \$_____ Income Source: SSI SSDI SS Other

How much is your rent/mortgage? \$_____

Does anyone in your household receive food stamps/SNAP? NO YES How much? \$_____

How did you hear about our program?

Please describe your physical limitations:

Do you have any allergies/dietary restrictions? If yes, describe below:

SIGNATURE OF APPLICANT

DATE



LAKEVIEW PANTRY

Eva Trampka, MSW
Home-Based Support Services Case Manager
3945 N. Sheridan Rd., Chicago IL 60613
773-525-1777 ext. 224
eva@lakeviewpantry.org

HOME DELIVERY PROGRAM REFERRAL FORM

To be completed by a doctor or other helping professional

APPLICANT NAME:

DATE OF BIRTH:

ADDRESS:

PHONE NUMBER:

Your patient/client has expressed interest in Lakeview Pantry's Home Delivery Program. This program provides recipients with free monthly groceries. The program is intended for seniors and people with disabilities who are unable to present to our pantry to pick up groceries. Please complete this form and either email to eva@lakeviewpantry.org, or fax to 773-525-7310. Thank you!

PROFESSIONAL'S NAME:

TITLE:

AGENCY/ORGANIZATION:

How long have you known the applicant and in what capacity?:

Please list any physical, cognitive or neurological limitations that might prevent the applicant from accessing our pantry:

Please add any other pertinent information that might be useful for our staff to know:

SIGNATURE OF PROFESSIONAL

DATE