# Food Outreach

3117 Olive Street
St. Louis, MO 63103
Phone: 314-652-3663

# HIV/AIDS Client Referral Form

***Please fax completed form to Food Outreach at 866-737-9858***

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| **Name:** | | **Today's Date:**<br>Referral valid for 6 months from this date | **DOB:** |
| **Address:**<br>**Name on lease/mortgage:** | **City:** | **State:** | **Zip:** |
| **Phone:** | **Alternate Phone:** | **DCN/Ryan White Number:** | **SSN:** |

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| **Select all that apply:**<br>[ ] Male<br>[ ] Female<br>[ ] Transgender<br>[ ] Non-binary | **Race (select all that apply):**<br>[ ] Black/African Amer. [ ] White [ ] Asian<br>[ ] American Indian/Alaskan Native<br>[ ] Native Hawaiian/Pacific Islander<br>[ ] Other Multi-Racial<br>[ ] Other [ ] Unknown | **Ethnicity:**<br>[ ] Hispanic<br>[ ] Non-Hispanic |

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| **Desired Pantry Access:**<br>[ ] Food Outreach [ ] MadCAP | **Ryan White Eligible: [ ] Yes [ ] No** |

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| **Status:**<br>[ ] HIV<br>[ ] AIDS | **Diagnosis date:** | **CD4:** | **Test Date:** | **Viral Load:** | **Test Date:** | **TB Test:**<br>[ ] Positive<br>[ ] Negative | **TB Test Date:** |

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| **Receiving Food Stamps:**<br>[ ] Yes [ ] No | **Food Stamp Amount:** | **Number of dependants living in household/ages:** |

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| **HIV/AIDS Adult Risk Factor:**<br>[ ] Men who have sex with men (MSM)<br>[ ] Injection Drug User (IDU) [ ] MSM and IDU<br>[ ] Hemophilia [ ] Heterosexual (male and female)<br>[ ] Blood Transfusion [ ] Unknown [ ] Other | **HIV/AIDS Pediatric Risk Factor:**<br>[ ] Sexual Abuse [ ] Perinatal transmission<br>[ ] Hemophilia [ ] Unknown [ ] Other |
| **Medicaid:**<br>[ ] Yes [ ] No [ ] Applied [ ] Spend down<br>[ ] Unknown [ ] MC+ | **Medicare:**<br>[ ] Part A [ ] Part B |
| **Other Insurance Company:** | |

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| **Case Manager:** | **Agency:** | **Phone:** |
| **HIV/AIDS Physician:** | **Clinic:** | **Phone:**<br>**Fax:** |

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| **Household Income: _____**<br>**Household size: _____**<br><br>**Poverty Level:**<br>[ ] 300% [ ] 200% [ ] 100% | **Please describe any special needs or circumstances including food allergies and/or special diets:** |

***By submitting this application, you are confirming that your patient / client has provided verbal consent for their personal health information to be shared with Food Outreach.**

**NOTE: Once referral has been received, client or case worker must call to schedule intake appointment: 314-652-3663 x1113 (Rachel) or x1112 (Melissa)**