



2015 Prescription for Health Referral Form

Prescription for Health is a program from Bay County Health Department in partnership with Meijer and Jack's Fruit and Meat Market that provides you access to fresh fruits and vegetables. Please fill out this form and fax it to the Bay County Health Department, Attn: Tracy Metcalfe at 989-895-4014. A Health Department staff member will contact you about the program.

Provider: _____ Referral Date: _____

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____ Zip Code: _____

Email: _____

1. Do you receive SNAP benefits (ie. Food Stamps)?

Yes No

2. I do not always have enough food for myself and/or my family

Yes No

3. I have been diagnosed with diabetes, high blood pressure, high cholesterol, or another chronic condition, or I am pregnant, overweight or underweight.

Yes No

4. I am interested in eating more fruits and vegetables.

Yes No

5. I will commit to purchasing and preparing fresh fruits and vegetables for me and my family.

Yes No

A staff member will call you soon to talk about your eligibility for the program.

- If you **are not** eligible for the program, staff will provide you with other community resources.
- If you **are** for the program, you **must** come to an enrollment meeting to get your prescription for free fruits and vegetables.

If you have any questions, please contact Tracy Metcalfe at 989-895-2027.