

**Lomax AME Zion Church**  
**Senior Snack Friday Dietary, Hobby and Needs Assessment**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

1. Do you have food allergies? ..... Yes [ ] No [ ]

If yes, please list food(s) you are allergic to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are you diabetic? ..... Yes [ ] No [ ]

3. What kind of food and fruits you like? Please check all that apply or fill in the blank:

PRODUCE	MEAT	FRUITS and VEGATABLES
<input type="checkbox"/> Apples	<input type="checkbox"/> Bacon	<input type="checkbox"/> Apples
<input type="checkbox"/> Avocados	<input type="checkbox"/> Beef/Steak	<input type="checkbox"/> Grapes
<input type="checkbox"/> Bananas	<input type="checkbox"/> Chicken	<input type="checkbox"/> Oranges
<input type="checkbox"/> Berries	<input type="checkbox"/> Deli Meat	<input type="checkbox"/> Strawberries
<input type="checkbox"/> Broccoli	<input type="checkbox"/> Fish	<input type="checkbox"/> Melons
<input type="checkbox"/> Carrots	<input type="checkbox"/> Ground Beef	<input type="checkbox"/> Lettuce
<input type="checkbox"/> Celery	<input type="checkbox"/> Ham	<input type="checkbox"/> Tomatoes
<input type="checkbox"/> Cucumbers	<input type="checkbox"/> Hot Dogs	<input type="checkbox"/> Cucumbers
<input type="checkbox"/> Garlic	<input type="checkbox"/> Pork	<input type="checkbox"/> Lemon/Limes
<input type="checkbox"/> Grapefruit	<input type="checkbox"/> Sausage	<input type="checkbox"/> Peppers
<input type="checkbox"/> Mushrooms	<input type="checkbox"/> Turkey	<input type="checkbox"/> Potatoes
<input type="checkbox"/> Onions	<input type="checkbox"/>	<input type="checkbox"/> Squash/Zucchini
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. List your hobbies (puzzles, crosswords, cards etc):

\_\_\_\_\_

\_\_\_\_\_

5. Are there any other special needs request? For example – prayer, assistance etc.

\_\_\_\_\_

\_\_\_\_\_

6. Select the time you would like your lunches to be delivered weekly? Mark selection with an "X". 12:00 PM [ ] 3:00 PM [ ] 5:00 PM [ ]

**Please return completed form to the church office or your Class Leader.**  
**Thank you!**