



**Please complete the following application for the Fresh Rx for Moms program.\***

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|---|---|
| <b>Participant Information</b>  | <b>Required for participation in Fresh Rx for Moms program***</b> |
| Name  | Are you currently pregnant?***<br>Estimated Due Date:             |
| Address   | Are you currently on Medicaid?***                                 |
| Phone   |   |
| Email   | Medical Provider (Doctor and/or Certified Nurse Midwife):***      |
| Date of Birth   | I plan to participate in the Fresh Rx for Moms program each week  |
| How many people (including you) live in your household?   |   |
| What is the best way to contact you?  |   |
| I give CFM permission to send text messages (ie. reminders) to my phone. (Message & data rates may apply.)  |   |
| How did you hear about the Fresh Rx for Moms program?   |   |
| Do you currently receive:<br><br>If you receive either, do you know that CFM DOUBLES SNAP and WIC Farmers Market vouchers?<br>SNAP: Double up to \$20 each Market Day (Saturdays 8am-1pm & Tuesdays 2-6pm).<br>WIC Farmers Market Voucher: Value of vouchers doubled. |   |
| <b>Intro Survey</b>   |   |
| Do you regularly shop at farmers markets?   |   |
| In the past month, about how much money have you spent at farmers markets?  |   |
| About how many servings of fruits and vegetables do you eat every day?  |   |
| Where do you currently buy most of your fruits and vegetables? (Please be specific. Can list more than one place.)  |   |
| In the past month, have you tried any new fruits and vegetables? If so, what kinds?   |   |
| How much do you agree with this statement: <b>I feel welcome at this farmers market.</b>  |   |

\*Fresh Rx for Moms is a collaboration of Community Farmers Market, WellCare Health Plans, and Community Farm Alliance. All personal information is confidential. Personal information of WellCare clients will be shared with WellCare Health Plans. Aggregate data (without individual names) will be used and shared publicly to improve the program and to secure additional program support.

| <b>FOR OFFICE USE ONLY</b> |                    |
|----------------------------|--------------------|
| <b>Date Received</b>       | <b>Received By</b> |
|                            |                    |