The Wellness Bag Program is a supplemental food program designed to provide vital nourishment to individuals who are housebound with a medical condition that prevents them from coming to the Food Bank.

Those who qualify for this program receive non-perishable food boxes along with fresh produce delivered to their place of residence. Although this program does not include everything that is needed for proper nutrition, it is nutritionally beneficial and valued by those who receive it.

Who Can Apply?
You must reside in one of the zip codes served by the Elk Grove Food Bank (95624, 95757, 95758, 95828, and 95829) and physically unable to come to the Food Bank. Proof of residency is required.

How Do I Apply?
Please complete the application here. It can be returned by mail to Elk Grove Food Bank, PO 1447, Elk Grove, CA 95759 or by email to Valerie@egfbs.org.

Questions?
For more information, please call us at 916.685.8453 and ask to speak with a case manager.
ELK GROVE FOOD BANK SERVICES
WELLNESS BAG PROGRAM APPLICATION

(Please Print)
NAME: ___________________________________________________________

ADDRESS: ________________________________________________________

CITY: _______________________________ ZIP: _______________________

PHONE #: _________________________ EMAIL: _______________________

MALE: _______ FEMALE: _______ DOB: ____________________________ AGE: ___________

VETERAN: Yes____ No____ DISABLED: Yes____ No____

HEALTH CONCERNS: Diabetes _______ Blood Pressure _______ Allergies _______

Other? ___________________________________________________________________

Diet Restrictions and foods that can’t be consumed: ______________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

APPLICANT’S CERTIFICATION
I hereby certify to the best of my knowledge the information provided on this application is true, accurate, and complete.

Signed: ___________________________ Date: ______________________

Office Use Only

Notes: ___________________________________________________________________

____________________________________________________________________________

Verified by: ______________________ Date: ______________________ DB Update Date: ___________