



# MOLOKAI HOMESTEAD FARMERS ALLIANCE INTAKE FORM

Distribution for COVID  
RELIEF PROJECT  
Original MHFA 1, copy DHHL 1

This completed form is **due 5 days** before ACTIVITY and is confirmed to be included in the count:

\_\_\_\_\_ (Date)

\_\_\_\_\_ (LESSEE BENEFICIARY NAME)

**PROJECT:Activity: MHFA FARMERS COVID RELIEF PROJECT # 2**

**Organization: MHFA PICK-UP SITE: LANIKEHA COMMUNITY CENTER**

Homestead (physical) Address: \_\_\_\_\_

\_\_\_\_\_ LOT# \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Emergency \_\_\_\_\_

Contact/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

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

Mode of Transportation: \_\_\_ a. MEO bus \_\_\_ b. Your vehicle \_\_\_ c. Ride \_\_\_ d. Other \_\_\_\_\_

Do you own the following: Laptop \_\_\_ iPad \_\_\_ Cell Phone \_\_\_ other \_\_\_\_\_

Internet Service: (Circle the following that applies to your household) Spectrum/Sandwich Isles/  
Hawaiian Tel Other \_\_\_\_\_ Do you know how to use technology \_\_\_ yes \_\_\_ no

Have you attended the MHFA Computer Classes? \_\_\_ yes \_\_\_ no

**\*Medical Insurance Coverage (for information only)**

Medical coverage carrier: (Name of Plan, United Health, HMSA, Kaiser, Military, etc....)

\_\_\_\_\_

**Please check if you are interested in the following:**

\_\_\_ Would like more information on Mini Clinics? Fasting is required to participate, blood Glucose, BMI, blood pressure

\_\_\_ Would you like more information on the Tele Health class? Learn how to use Zoom and Facebook.

I grant permission to the organization MHFA to use this information for grant reporting purposes to participate in the activity/ activities listed above. I release MHFA, board members, and its partners of any liability. Please visit [www.Molokaimhfa.com](http://www.Molokaimhfa.com) to access the form to print and fill out. Mail to MHFA, P O Box 290613, Hoolehua HI 96729.

\_\_\_\_\_  
Print or type the authorized Name of the Lessee

\_\_\_\_\_  
Signature & Date

Please list all beneficiary members living in the home, and their ages, to include age-appropriate items.

NAME and AGE

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

MHFA has included you as a part of their homestead organization, and all its available programs to benefit beneficiaries. Please go to the Molokai Homestead Farmers alliance website for updated information on programs, projects, and forms.

In the future we will have a homestead newsletter, so get your pictures ready, and historical information provided by homesteaders.

We are working on this upcoming project, along with a few others to benefit us homesteaders.

Me ke aloha pumehana

MHFA Board