



MOLOKAI HOMESTEAD FARMERS ALLIANCE
INTAKE FORM

Distribution for COVID FARMERS RELIEF PROJECT: Original - MHFA 1, copy DHHL 1.

This completed form is due 7 days before ACTIVITY and confirmed to be included in the count:

(Date) (LESEE NAME)

Activity: MHFA FARMERS COVID RELIEF PROJECT Contact Rosie F Davis

Organization: MHFA Place: LANIKEHA COMMUNITY CENTER

Project MHFA Covid Farmers Relief Project 2021 to 2022

Mode of Transportation: a. MEO bus: b. Your vehicle c. Ride d. Other (List)

Homestead (Physical) Address: LOT# Phone:

Emergency Contact/Relationship: Phone:

Email Address: Phone:

Do you own the following : Laptop iPad Cell phone other

Type of Internet Service: Spectrum Sandwich Isles Hawaiian Tel

Do you know how to use technology yes no

*Medical Insurance Coverage (For information only)

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

Do you want more information on the Mini Clinics? Must fast to participate, Vitals, BMI, and Blood Glucose testing

Do you want more information on how to learn how to use ZOOM and FACEBOOK in our Tele-health classes?

LESEE MUST LIVE ON HOMESTEAD TO PARTICIPATE

I grant permission for the MHFA to use this information for grant reporting purposes to participate in the activity/activities listed above. I release the MHFA, board, members, and its partners of any liability.

Please visit www.Molokaihfa.com to access the form to fill out. Mail to: MHFA, P O Box 290613, Hoolehua, HI 96729.

Print or Type Authorized Name of Lessee

Signature

Date



MOLOKAI HOMESTEAD
— FARMERS ALLIANCE —

Please list all beneficiary members living in the home, including their ages.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____