



Primary Shopper

First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you have any dietary restrictions?

- Vegetarian
- Vegan
- Gluten-Free
- Dairy Free (Lactose Intolerant)
- Fish / Shellfish
- Halal
- Kosher
- Low Sugar (Diabetes friendly)
- Peanuts / Tree Nuts
- Low Sodium / Saturated Fat
- Do not Know / Prefer not to answer

Does anyone in your household currently receive any government benefits? *(select all that apply)*

- CalFresh / Food Stamps
- Social Security
- SSDI / Disability
- Unemployment
- Medical
- LIHEAP
- WIC
- None
- Other Benefits
- Do not / Prefer not to answer

Has anyone in your household been diagnosed with any of the health conditions below? (circle all that apply?)

Heart Disease/Stroke	High Blood Pressure/Hypertension	Diabetes/pre-diabetes	None	Do not know/Prefer not to answer
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Other Household Members (do not include primary shopper)

1. First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_
2. First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_
3. First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_
4. First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_
5. First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_
6. First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_
7. First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_
8. First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

*Providing your information is not required to receive services. All your information is private, secure, and will never be shared with third parties.*



Welcome to Mercado El Sol! This free mini market promotes a food distribution experience that has respect, kindness, and compassion at its core. We expect staff, volunteers, and clients to uphold a high standard of “Compassionate Service.” Please be familiar with the Code of Conduct below.

- 1. Clients must complete the household intake form to ship at the pantry.
- 2. Clients must have an appointment to shop. To make an appointment, the client must be present. (If not available, someone from client’s household (16 or older) must be present).
- 3. Each client is permitted, at most, one (1) appointment per week (if available).

**4. Pantry hours:**

Monday	12pm – 2pm
Tuesday	12pm – 2pm
Wednesday	1pm – 3pm
Thursday	12pm – 2pm
Friday	3pm – 5pm

\*\*\* Appointments can only be made during pantry hours at (714) 788-1014 \*\*\*

**5. Shopping Procedures:**

- a. 5 minutes to shop
  - b. Must respect the item limit in the pantry
  - c. No carts or strollers are permitted inside the market
- 6. Items inside the market are not guaranteed and are based upon availability.
  - 7. **Appointment times are strict.** If you arrive late, you must make an appointment at another time that you are available. You are responsible for remembering when your appointment is.
  - 8. Staff, volunteers, and clients must treat one another with respect and must follow the pantry Code of Conduct.
  - 9. Staff and volunteers may not shop while they are working or volunteering, they must make an appointment outside of their shift.
  - 10. Clients need to follow all parking and traffic regulations for the safety of themselves and others.

**Violating any of the policies listed above will result in a verbal warning by Second Hand Harvest Food Bank (SHFB) or Mercado El Sol Staff. At the discretion of SHFBOC or Mercado El Sol Staff, a family may no longer be permitted to shop at Mercado El Sol. Please contact SHFBOC with any concerns: (949) 208-3151**

I \_\_\_\_\_ have read the above and understand that while shopping at Mercado El Sol, I must follow the Code of Conduct. I understand that violating any of the policies listed above, followed by verbal warnings, can result in no longer being able to shop at El Mercadito.

Clients Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Clients Signature (Print): \_\_\_\_\_ Date: \_\_\_\_\_