



## Grocery Delivery Assistance Application

If you need assistance filling out this form, please call: 859-379-8230

Name of person requesting assistance: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of person assisting with form (if applicable): \_\_\_\_\_

Please circle one choice for each of the following questions:

1. Have you had a brain injury?      **Yes**      **No**

2. Are you the primary caregiver for a person who has had a brain injury?

**Yes**      **No**

3. Do you live in one of the following regions:

**Northern Kentucky**      **Cincinnati**      **Southeastern Indiana**      **None**

4. Please select one of the following that most closely resembles your situation:

**a. Driving to the grocery store and obtaining the groceries presents a hardship and having groceries delivered to my doorstep would help reduce the hardship**

**b. I am able to drive to the grocery store and shop for groceries. I can shop for my own groceries or have someone load groceries into my vehicle.**

5. Would you or a caregiver be able to use the **Kroger** app to order groceries?

**Yes**      **No**

Signature: \_\_\_\_\_

*Please return the form to [info@biantk.org](mailto:info@biantk.org) once completed*