

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@biank.org once completed