



Our VeggieRx program is a produce-based prescription program where eligible participants receive a \$20.00 voucher to redeem fruits and vegetables each week for a total of 13 weeks. Participants will be required to attend six nutrition and lifestyle classes and will receive culturally relevant recipes to encourage fun and healthy eating at home.

Patient's Name: _____ **Number:** _____

Address: _____ **DOB:** _____

Eligibility Criteria:

- ☐ California Central Alliance for Health Member
- ☐ Experiencing Food Insecurity
 - The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."
Was that often, sometimes, or never true for (you/your household) in the last 12 months?
 - (I/We) worried whether (my/our) food would run out before (I/we) got money to buy more."
Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?
- ☐ Diet-related Illness Diagnosis
 - Obesity
 - Pre/Diabetes
 - Hypertension

Please provide most recent vital signs (height/weight/BMI, blood pressure, A1c if applicable):

Provider/Clinic Name: _____

Provider Signature: _____ **Date:** _____

For more information, visit pvhealthtrust.org/veggierx

