For each statement, please answer whether the statement was often true, sometimes true, or never true for your household in the last 12 months. Circle one answer for each question.

1. “We worried whether our food would run out before we got money to buy more.”
Was that **often** **true, sometimes true,** or **never true** for your household in the last 12 months?

2. “The food that we bought just didn’t last and we didn’t have money to get more.”
Was that **often true**, **sometimes true**, or **never true** for your household in the last 12 months?

**PACT Food Assistance Patient Agreement**

**To receive an ALDI gift card, I understand/agree to the following**:

1. **Beginning with the first gift card, schedule/attend a 30-minute nutrition counseling session with the PACT Registered Dietitian.**
2. **I must bring the receipt from the previous gift card purchase to receive another gift card. (Minimum of 30 days between gift cards)**
3. **If I do not bring my receipt two times in a row, I will not be eligible to receive a gift card for the following month.**
4. **Gift cards can only be used for the purchase of food items.**

 Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (print name)
 Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PACT RD Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_