



# New Client / Partner Intake Form

Use this form to begin planning a meal service program, home delivery support, or community nutrition partnership.

**Instructions:** Complete as much as possible. If a section does not apply, leave it blank or mark N/A. Nutrition Solutions will use this information to recommend meal options, delivery structure, onboarding timeline, and next steps.

## 1. Organization / Client Information

Organization / Client Name	_____
Primary Contact	Name: _____ Title / Role: _____
Phone / Email	Phone: _____ Email: _____
Service Address	Street: _____ City: _____ ZIP: _____
Billing Contact	Name: _____ Email: _____

## 2. Type of Service Requested

Select all that apply.

- Home meal delivery for individual(s)
- Residential or group living meal service
- Nutrition assessment or counseling
- Temporary / emergency meal support
- Community or day center meal program
- Healthcare / recovery support meals
- Meal planning support
- Ongoing partnership program

## 3. Population Served and Estimated Volume

Primary Population	<input type="checkbox"/> Children <input type="checkbox"/> Adults <input type="checkbox"/> Older adults <input type="checkbox"/> Families <input type="checkbox"/> Mixed population
Approx. Participants	Current number served: _____ Expected growth: _____
Meal Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Specific days: _____
Meals Needed	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snacks <input type="checkbox"/> Beverages <input type="checkbox"/> Other: _____

## 4. Dietary Accommodations and Menu Needs

Final meal plans may depend on program requirements, available ingredients, and clinical or caregiver guidance.

- Vegetarian
- Diabetic-friendly / carb-conscious
- Texture-modified
- Dairy-free requested
- Vegan
- Renal-aware
- Food allergies
- Low sodium
- Heart-healthy
- Gluten-free requested
- Culturally familiar menu options
- Soft foods

Notes:

Large empty text area for notes.

**5. Delivery Details**

<b>Delivery Location Type</b>	<input type="checkbox"/> Private home <input type="checkbox"/> Community center <input type="checkbox"/> Day center <input type="checkbox"/> Residential site <input type="checkbox"/> Other: _____
<b>Preferred Delivery Days</b>	_____
<b>Preferred Delivery Window</b>	Morning: _____ Midday: _____ Afternoon: _____ Other: _____
<b>Delivery Instructions</b>	Gate code / parking / reception desk / drop-off contact: _____
<b>Special Handling</b>	<input type="checkbox"/> Refrigerated delivery needed <input type="checkbox"/> Contactless drop-off <input type="checkbox"/> Signature required <input type="checkbox"/> Other: _____

**6. Program Goals and Support Needs**

- Improve nutrition access
- Provide reliable daily meals
- Serve a community program
- Support culturally responsive meals
- Support recovery or health management
- Support caregiver burden
- Reduce food insecurity
- Other: \_\_\_\_\_

**Briefly describe the need or program goal:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Administrative and Billing Information**

<b>Referral Source</b>	_____
<b>Decision Timeline</b>	<input type="checkbox"/> Ready to start within 48 hours <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> 30+ days <input type="checkbox"/> Exploring options
<b>Funding / Payment</b>	<input type="checkbox"/> Private pay <input type="checkbox"/> Organization funded <input type="checkbox"/> Grant funded <input type="checkbox"/> Contracted program <input type="checkbox"/> Other: _____
<b>Required Documents</b>	<input type="checkbox"/> W-9 <input type="checkbox"/> Insurance certificate <input type="checkbox"/> Vendor packet <input type="checkbox"/> Service agreement <input type="checkbox"/> Other: _____

**8. Notes, Questions, and Next Steps**

**Additional notes or questions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Requested follow-up:**  Phone call  Email  Consultation meeting  Menu discussion  Service proposal

**Submit completed forms to [hello@nutrition-solutions.org](mailto:hello@nutrition-solutions.org) or call (916) 202-5609 to discuss your program needs.**