

## Food Insecurity Screening

Please check the box to indicate how often each of the following two statements are true.

- Within the past 12 months I/we worried whether our food would run out before I/we got money to buy more.
  - Often True
  - Sometimes True
  - Never True
  - I Don't Know or I Don't Want to Answer
  
- Within the past 12 months the food I/we bought just didn't last and I/we didn't have money to get more.
  - Often True
  - Sometimes True
  - Never True
  - I Don't Know or I Don't Want to Answer

Many people have trouble making ends meet at the end of the month. We want to make sure that our patients have enough food to live a healthy life.

- Would you like for our partners at *Maryland Hunger Solutions* to contact you with more information about available food resources?
  - No, I do not want to be contacted.
  - Yes, I would like for a staff person from *Maryland Hunger Solutions* to call me.

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

Name (Please Print): \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Health Care Provider's Name: \_\_\_\_\_

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