

HIV Support Services


Benefits, Housing, HIV & Older Adults, Vance North Necessities of Life Program (NOLP food pantries)



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Meet Our Team (in order of pic)

- Elizabeth, Data Entry Coordinator
- Kevin, Site Coordinator
- Tonya, Program Manager
- Andres, Warehouse Assistant
- Regina, Site Coordinator, Administrative
- Kenneth, Warehouse Assistant
- Oscar, Site Coordinator, Nutrition
- Michael, Warehouse Assistant
- Jonathan, Site Coordinator, Food Drive
- Michael, Warehouse Assistant
- Janelle, Nutritionist (not present)







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Vance North Necessities of Life Program

What we do:

- Nutritious Food (100% USDA Guidelines for Americans)** fresh fruits, vegetables, eggs, cheese, yogurt, milk, meats, hygiene items, an assortment of canned and dry goods. We also provide seasonings, tortillas, and bread.
- Accessibility** NOLP has more than 13 locations across Los Angeles County. NOLP also delivers to residences that provide housing and support services to PLWH- Reseda, Santa Monica, South Los Angeles, and Hollywood.
- Nutrition Education** NOLP offers virtual nutrition education classes that seek to tackle specific nutrition related challenges clients may face- Diabetes, Diarrhea, Nausea, Loss of Appetite. The program also offers healthy recipes. All of NOLP's classes and nutrition education materials are in both English and Spanish.
- PPE Kits** NOLP is excited to offer quarterly PPE Kits (hand sanitizer, cloth masks, anti-bacterial wipes, and condoms).

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Vance North Necessities of Life Program - Enrollment

Four Easy Steps!

- 1 Complete our Enrollment Form and Income/Residency Affidavit** be sure to sign and date the document.
- 2 Photo Identification** any type of photo identification- California ID, Driver's License, Disabled Identification, etc.
- 3 Diagnosis Form** New Clients only
- 4 Nutrition Class** attend one of our virtual nutrition classes or see your healthcare provider for completion of a nutrition screen.

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APLA NOLP ENROLLMENT FORM MARCH 1, 2020 - FEBRUARY 29, 2021

CLIENT INFORMATION \$ Monthly Income \$ Annual Income

Name: _____ Age: _____
 Gender: M F Trans/M Other/Other

Level of Education:
 White - Caucasian None
 Black - African American Spanish Sp.
 Native American/Alaskan Native High School
 Middle Income / Trade Worker Single/Single-Children (S/C)
 Clean Some College (AA) / Farm
 Other please specify: _____ Disabled

OR LatHispanic ancestry YES NO Native's/Descendant

Birth Country: _____ How long in U.S.: _____
 Total Number of Legal Dependents: _____ Age of Legal Dependents: _____
 None YES NO
 Are you a veteran? YES NO
 Are you a domestic violence survivor? YES NO

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Job or Home History:
 None Layoff within the past 6 months Layoff over 6 months
 Eviction within the past 6 months Layoff over 6 months

Current Housing Situation:
 Private Apartment, home, or room Staying with family / friend (no rent)
 Public housing Homeless (not on list)
 Emergency Shelter (meal vouchers) Hotel / Motel (not paid by voucher)
 Transitional housing for homeless Other (transitional housing, SRO, SBO)
 Substance Abuse or Psychiatric Facility Jail / Prison / Juvenile Facility
 Other please specify: _____

Number of Medications: _____ **Rate of Paid Insurance:** _____
 Medical Insurance: Private Medicaid Medicare Health Plan
 ACA/MAP Health Plan LA Coverage Status
 Other Public Other Coverage Status
 No insurance Unknown Coverage Status

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Are you a parent of APLA youth? Yes No

APLA
STATE OF CALIFORNIA

AFFIDAVIT OF INCOME AND/OR RESIDENCY

Name (please print): _____
 Date of Birth: _____ Social Security (CA ID) Number: _____
 A phone number or e-mail address where I can be reached:
 Phone: _____
 (Note: APLA Health cannot guarantee privacy when email is used)

May we say we're calling from APLA Health when we try to get in touch with you? Yes No

Section One: Affidavit of Residency
 (person)
 Rent or room, home, or apartment Stay in Transitional housing
 Stay with a friend or family member Stay in permanent housing, like
 Own home Shelter care or SRO housing
 Am homeless Am in a Substance Abuse or Psychiatric
 Stay in an emergency shelter Facility
 Live in a hotel

The address where I am staying or staying my food:
 Street Address: _____ Latitude: # _____
 City: _____ ZIP Code: _____

Section Two: Affidavit of Income
 (person)
 None Social Security Have a job
 SSI Work for myself Have other source of income
 SSI Unemployment Have no income

My monthly income is \$ _____
 Signature of Client: _____ Date: _____
 Signature of APLA Health staff member: _____ Agency APLA# _____

THE CLIENT SERVICES AGREEMENT - How the Program Works
 NOLP is a supplemental food assistance and nutrition education program designed to serve qualifying low-income individuals living with HIV/AIDS in Los Angeles County.

ELIGIBILITY QUALIFIERS
 To receive food assistance through NOLP, the following documents are required:
 1. Proof of Income
 2. Photo Identification
 3. Proof of Residency (e.g., lease, water, or electric bill, lease agreement, or letter from a healthcare service provider of treatment facility)
 4. Have a Nutrition Screen reviewed and signed by a dietitian or medical provider (MD, PA, NP, PhD), or

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August 2020		zoom		Nutrition Education Calendar	
Day	Month	Tuesday	Wednesday	Thursday	Friday
		1	2	3	4
		5	6	7	8
		9	10	11	12
		13	14	15	16
		17	18	19	20
		21	22	23	24
		25	26	27	28
		29	30		

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