

## **MAIL-A-MEAL BOX INTAKE FORM**

- o Recipients will receive approximately 50 pounds of shelf stable food. Recipients may request 1 box per month. An intake form must be completed each time a box is requested. Recipients will receive their box 7-10 days after MFBN receives this form.
- o The following questions are for informational purposes only and will not be used to determine qualification for a box.

Name:	
Address (where the box can be mailed):	
Phone Number:	
Total # of <u>children</u> under age 18 in your household: Total # of <u>adults ages 18 to 55</u> in your household: Total # of <u>seniors over age 55</u> in your household:	
How would you best describe your employment status?  □ Employed □ Retired □ Student	□ Unemployed □ Disabled
Please check all public benefit food programs you are curre  ☐ SNAP (former food stamp program)  ☐ WIC  ☐ Farmer's Market Coupons	ntly participating in:    Meals-on-Wheels   Senior Commodities   School Meals (Free & Reduced Priced)
How far away is the nearest full service grocery store to your home?	
Do you have regular or reliable transportation?	
Have you had to skip a meal in the last month due to lack of resources?	
Other comments:	