

FOR OFFICE USE

Date Intake Form Received:

Address Verified:

Box Release Date:

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

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

Name:**Address to mail box (NO P.O. boxes):****Phone Number:****Total # of children under age 18 in your household:** _____**Total # of adults ages 18 to 60 in your household:** _____**Total # of seniors over age 60 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 currently participating in:

- ☐ SNAP (former food stamp program)
- ☐ Meals-on-Wheels
- ☐ WIC
- ☐ Senior Commodities
- ☐ Farmer's Market Coupons
- ☐ School Meals (Free & Reduced Priced)

How many miles, one-way, is the nearest full-service grocery store from 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:*****Please fill out this form and return to:*****Montana Food Bank Network, 5625 Expressway Blvd, Missoula, MT 59808****Or fax to 406-542-3770****If you have any questions, call 406-215-1767**