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
- □ Unemployed
- □ Retired
- □ Disabled
- □ Student

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