

**FOR OFFICE USE**

Date Last Box Shipped:

Address Verified:

Date New Box Shipped:

Invoice #:



## MAIL-A-MEAL BOX INTAKE FORM

- Households will receive approximately 35 pounds of shelf stable food. Households may request 1 box per month. An intake form must be completed each time a box is requested. You are eligible to receive another food box 30 days after you've received your previous box.
- *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:

Phone Number:

Address to mail box (NO P.O. boxes):

Total # of **children** under age 18 in your household: \_\_\_\_\_

Total # of **adults ages 18 to 55** in your household: \_\_\_\_\_

Total # of **seniors over age 55** in your household: \_\_\_\_\_

How would you best describe your employment status?

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Retired  | <input type="checkbox"/> Disabled   |
| <input type="checkbox"/> Student  |                                     |

Please check all public benefit food programs you are currently participating in:

- |   |   |
|---|---|
| <input type="checkbox"/> SNAP (former food stamp program)     | <input type="checkbox"/> Meals-on-Wheels            |
| <input type="checkbox"/> WIC                                  | <input type="checkbox"/> Senior Commodities (CSFP)  |
| <input type="checkbox"/> Farmer's Market Coupons              | <input type="checkbox"/> Tribal Commodities (FDPIR) |
| <input type="checkbox"/> School Meals (Free & Reduced Priced) |   |

For groceries, I usually travel about \_\_\_ minutes. *Think about the location you go to most often.* (Choose answer below.)

- |  |   |
|--|---|
| <input type="checkbox"/> Less than 5 minutes | <input type="checkbox"/> 5-10 minutes         |
| <input type="checkbox"/> 10-20 minutes       | <input type="checkbox"/> 20-30 minutes        |
| <input type="checkbox"/> 30-45 minutes       | <input type="checkbox"/> More than 45 minutes |

Do you have regular or reliable transportation?  YES  NO

Has your monthly Mail-A-Meal box made it possible to afford other important household expenses?  YES  NO

If YES, please select from the following:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Medical bills                    | <input type="checkbox"/> Rent or Mortgage     | <input type="checkbox"/> School loans, tuition, or other education expenses |
| <input type="checkbox"/> Fresh meat, fruits, & vegetables | <input type="checkbox"/> Car payments or fuel | <input type="checkbox"/> Utilities  |

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**