

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 scan and email to ariggs@mfn.org
If you have any questions, call 406-215-1772