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?

☐ 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 (CSFP)
☐ Farmer’s Market Coupons ☐ Tribal Commodities (FDPIR)
☐ School Meals (Free & Reduced Priced)

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

☐ Less than 5 minutes ☐ 5-10 minutes
☐ 10-20 minutes ☐ 20-30 minutes
☐ 30-45 minutes ☐ 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:

☐ Medical bills ☐ Rent or Mortgage ☐ School loans, tuition, or other education expenses

☐ Fresh meat, fruits, & vegetables ☐ Car payments or fuel ☐ 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 eluongo@mfbn.org
If you have any questions, call 406-215-1767