MAIL-A-MEAL BOX REQUEST FORM

Instructions: Households will receive approximately 30 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. Please fill out the form completely each time!

| Name: __________________________ | Phone Number: __________________________ |
| Address: __________________________ | Email: __________________________ |

Total # of children age 17 or younger in your household: __________
Total # of adults ages 18 to 59 in your household: __________
Total # of seniors age 60 or over in your household: __________

For groceries, I usually travel about ___ miles to get to a full-service grocery store. (example: Albertsons)
Do you have regular or reliable transportation? □ YES □ NO

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

Please fill out this form and return to:
Montana Food Bank Network, 5625 Expressway Blvd, Missoula, MT 59808
Or scan and email to aschafer@mfbn.org if you have any questions, call 406-215-1772

Comments:

FOR OFFICE USE
Date Last Box Shipped:
Date New Box Ships: