

**FOR OFFICE USE**

Date Last Box Shipped: \_\_\_\_\_

Date New Box Ships: \_\_\_\_\_



## 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](mailto:aschafer@mfbn.org) if you have any questions, call 406-215-1772

Comments: