

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 it to:

Montana Food Bank Network, 5780 Alloy N, Missoula, MT 59808

Or scan and email to ahopkins@mfbn.org If you have any questions, call 406-215-1775

Comments: