

HOW DO I QUALIFY FOR HOME DELIVERY FROM THE FOOD BANK @ St. MARY'S?

The Food Bank @ St. Mary's Home Delivery Program is for people who are homebound, chronically ill, elderly, or disabled and cannot make it into the food bank and do not have a friend or family member who can go for them.

Since there is more demand for home delivery than we can meet with our limited resources and volunteers, there is now a waiting list for those eligible for home delivery. If you are already receiving a delivery of groceries from another organization, it is our policy to serve first those who may not be receiving anything.

Any Seattle resident is welcome to utilize our walk-in food bank. Those who are picking up groceries for someone else need to bring that person's ID. Our walk-in food bank is open on Tuesdays, Thursdays, and Saturdays from 10am-1pm.

If you have questions concerning our food bank, you may contact Deep Singh at (206) 324-7100. Ext. 22



The Food Bank @ St. Mary's
Supporting Our Community with Hospitality, Respect, and Nutritious Food
 611 – 20th Ave S, Seattle, WA 98144
 PHONE: (206) 324-7100 ext. 23
 FAX: (206) 324-0050

HOME DELIVERY APPLICATION

Client Name: _____ Telephone #: _____
 Emergency Contact: _____ Telephone #: _____
 Date of Birth: _____ Date of Application: _____
 Delivery Address _____ Apt # _____ Zip _____

Cross Streets/Special Delivery Directions _____

Capitol Hill/First Hill __ Central __ Downtown __ Beacon Hill __ Rainier __ Other __

****If the client is outside our service area please refer he/she to a food bank close to their home.*

1. **Do you go to the food bank now?** No Yes If yes, where? _____
2. **Are you currently getting a food delivery now?** No Yes If yes, from whom? _____
3. **Do you own a car?** Yes No If not, what is your primary mode of transportation? _____
4. **Why do you need home delivery service? Check all that applies and please write in details.**
 Illness _____ Long-Term _____ Short-Term _____
 Disability _____ Physical _____ Mental _____
 Other / Details _____

****If client does not meet criteria please refer them to a food bank close to their home or refer them to St. Mary's food bank.*

5. **Part of our home delivery service includes USDA Commodities or the TEFAP program. Do you meet income guidelines for this program (see Income Guidelines on back of this form)?** Yes No
6. **Please state the number of people in your household (including yourself)** _____
 Infants (0-2 yrs) _____ Adults (18-54 yrs) _____
 Children (3-17 yrs) _____ Seniors (55+ yrs) _____
7. **Do you speak English?** Yes No If no, what is your primary language? _____
8. **Special Dietary Needs?** _____

Action Taken			
Denied _____	Referred _____	Waiting List _____	Added to route # _____