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
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?______________________________________________________________

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<th>Action Taken</th>
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<tr>
<td>Denied _______  Referred _______  Waiting List _______  Added to route # _______</td>
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Feb 2019