

CLIENT APPLICATION
Homebound Delivery Service

NAME: _____

You MUST meet the following criteria to be eligible:

- I am a senior citizen of age 62 or older, OR disabled--specify disability:_____**
- I do not own or operate a vehicle or have access to a ride or vehicle.**
- I do not have other adults living with me who own or operate a vehicle.**
- I am on a low or low-fixed income.**
- I live in the Monroe City Limits.**
- I do not have anyone who is able to pick up my food at the food bank for me.**

I certify that I meet ALL of the above criteria.

Signature: _____ **Date:** _____

Full physical address: _____

Phone number (Home) _____ **Date of Birth** _____

Cell or other: _____

Emergency Contact: _____ **Phone number:** _____

Special Dietary Needs (diabetic, Ensure, low-salt, etc.):

Full cooking ability (stove and oven) Y_____ N_____

Food is delivered every other Tuesday morning. If you are not home, the box will be left at your door.

Please be sure to call us at the Food Bank if at any time you will be away from home and do not need delivery that week.