



Home Delivery Service Application

Customer needs to meet ALL the following criteria:

- Must be a senior citizen of age 62 or older, or disabled (specify disability: _____).
- Not own or operate a vehicle or have access to a ride or vehicle.
- Not have other adults living with you who own or operate a vehicle.
- Are considered low or low-fixed income.
- Live in Monroe City Limits.
- Have no other persons able to pick up your food at the food bank for you.

Full physical address: _____

Phone number (Home) _____ (Cell) _____

Email Address: _____

Date of Birth: Month _____ Day _____ Year _____

Special Dietary Needs* (Diabetic, illness i.e., Ensure, low-salt, etc.) include:

Office Use Only:

Interviewed by: _____ Date _____

Approved by Staff: _____ Date _____

Comments: _____
