



Food Movers Information

Home Food Delivery

I am applying to receive food delivered to my home.

_____ () _____ () _____
Print Full Name Home Phone Cell Phone

Email: _____

_____ _____ _____ _____
Street Address City State Zip Code

Single Family Home *Apartment* *Other* _____

1) I receive Food & Nutrition Services: Yes No _____

Official Use – Copy Provided

2) My **household's** gross income is \$ _____ yearly monthly weekly

Circle One

3) The number in my household is _____ person(s). Put a number in each section below.

18 & under _____ 19-64 _____ 65 & Over _____

4) Transportation:

a) Are you able to drive to the Mooreville Soup Kitchen?

b) Do you currently have anyone that can bring you to the Mooreville Soup Kitchen?

c) Do you have anyone that can pick up a food box for you?

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5) How long will you need food delivery?

30 – 60 days

60 - 90 days

Indefinite

6) Are you or anyone in your home disabled? Yes No If yes, please list special needs: _____

7) Do you have any pets or other hazards that we should know about? _____

I understand that any misrepresentation of need, sale, or misuse of the foods I have received is prohibited and could result in a fine, imprisonment, or both. (Sec. 211 E, PL 96-494 and Sec. 4C, PL 93-86 as amended)

Applicants Signature: _____

Date: _____

Approved by: _____

Date: _____

The Mooreville Soup Kitchen reserves the right to use its own discretion regarding who it approves. We also reserve the right to cancel home delivery at any time without prior notice.



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Print Full Name

() _____

Home Phone

() _____

Cell Phone

Street Address

City

State

Zip Code

Do you have a working refrigerator freezer stove microwave ?

Would you prefer already prepared meals or meal ingredients?

Do you have any special dietary needs? Yes No Please list below:

Foods that I like

Foods that I don't like

Foods that I cannot have

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Applicants Signature: _____

Date: _____