



Skagit Valley Neighbors In Need

Mobile Food

Dear Mobile Food Applicant:

Thank you for your interest in applying for our Mobile Food program.

Our program is designed to serve those in our community who are unable to access our services due to challenges with physical mobility or transportation. **Please note, this is a supplemental service. This does not provide as much as food bank visits.** Due to limited resources and food safety concerns, each applicant interested in receiving Mobile Food service must first undergo a careful screening process to determine their suitability for our program. To determine eligibility, we require the attached application to be accurately completed and returned.

Address: PO Box 394, 1615 S. Second St, Mount Vernon, WA 98273

Email: svneighborsinneed@gmail.com

General Eligibility Guidelines

- Applicant is a resident of Mount Vernon
- Applicant is unable to access local food bank due to:
 - Documented disability which prevents the individual or member of the household from accessing food bank services

Or two or more of the following circumstances apply to the applicant:

- Lacks available transportation (public or private)
- Experiences extreme hardship using public transportation, and/or other extenuating circumstances
- Does not reside within walking distance from a mass transit system (½ mile)
- Does not reside within walking distance from a food bank (½ mile)

We have included our Mobile Food Application, Client Intake Form, and Medical Release Form. If you need assistance filling out our application or have any questions regarding Mobile Food, please contact our Client Intake Coordinator at (360) 982-2089

We will notify you when we have reviewed your completed application with information regarding your delivery day or to assist you in exploring alternative options if eligibility requirements are not met.

Sincerely

Neighbors in Need Food Bank



Skagit Valley Neighbors In Need

Mobile Food

Application

We will notify you when we have reviewed your completed application with information regarding your delivery day or to assist you in exploring alternative options if eligibility requirements are not met. If you have any questions, please call our Client Intake Coordinator at (360) 982-2089

Full Name:	Date:
Address:	
Phone:	DOB

1) Are you under any medical care? Yes No

If yes, please take the enclosed medical form to your provider for them to complete and return.

Provider's Name: _____ Phone: _____

2) Do you have access to private transportation? Yes No

a) If yes, what days are you available to visit the food bank? _____

3) Is a caretaker, family member, or friend, willing or able to bring you to the food bank or pick up food boxes for you? Yes, Pick-Up Yes, provide transportation No

a) If yes, when are they available? _____

4) All food banks have a designated Skagit Transit stops nearby. Each rider is allowed 3 bags of food. Are you able to use public transportation to access food bank services? Yes No

a) If no, why not? _____

b) If no, please explore the Skagit Transit Paratransit option. Paratransit is for individuals whose conditions and/or disabilities prevent them from using Skagit Transit's regular fixed-route buses. Request an application for Paratransit services from Customer Services by calling (360) 757-4433 or toll-free at (877) 584-7528

5) Neighbors in Need Food Bank provides priority access for people with disabilities from 11am-1pm on Tuesday. We also offer carry out service to clients' vehicles to help limit heavy lifting and standing for extended periods of time. If given additional assistance, would you visit your local food bank? Yes No _____

By my signature below, I certify the information I gave provided on and in connection with this form is true, accurate and complete

Signature: _____ Date: _____



Skagit Valley Neighbors In Need Mobile Food

Dear Medical Provider,

Your patient would like to enroll in our Mobile Food program. Due to limited resources and food safety concerns, each applicant interested in receiving Mobile Food service must first undergo a careful screening process to determine their suitability for our program. To assist us in determining the eligibility of your patient, please provide the following information and send us the completed form to **PO Box 394, 1615 S. Second St, Mount Vernon, WA 98273** or email it to **svneighborsinneed@gmail.com**. If you have any questions or concerns, please contact our Client Intake Coordinator at (360) 982-2089

Providers Name:	Providers Phone:
Patients Name:	DOB:

Mobility

Bed Bound Wheelchair Walker Cane N/A

Lifting

5 lbs or less 10 lbs 15 lbs 25 lbs or more

Walking

Up to 20 ft 50 ft ¼ mile ½ mile ¾ mile or more

Standing

5 mins or less 10 mins 15 mins 20 mins

Driving

Yes No

Any other restrictions to mobility?

Provider's Signature _____ Date: _____

By signing below, I give my permission to release the above health information to the Mobile Food program at Neighbors in Need Food Bank

Applicant's Signature _____ Date: _____



Skagit Valley Neighbors In Need

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Skagit County Food Banks

Alger Food Bank

Primary Contact: Amy Berryman
Phone: 360-724-5131
Address: 18731 Parkview Lane, Alger
Email: algerfoodbank@wavecable.com
Distribution Days: 1st & 3rd Tuesdays
Hours: 9:00AM - 2:00PM

Anacortes Food Bank

Primary Contact: Belinda Dye
Phone: 360-293-6445
Address: 512 4th St, Anacortes
Email: belindadye53@gmail.com
Distribution Days: Tuesday & Friday
Hours: 10:00AM - 2:00PM

Bread of Life Food Bank

Primary Contact: Nikki or Linda
Phone: 360-873-2504
Address: 59850 Hwy 20, Marblemount
Distribution Days: 1st & 3rd Wednesday
Hours: 11:00AM - 5:00PM

Community Covenant Food Bank

Primary Contact: Darrel
Phone: 360-419-7061
Call for appointment

Concrete Food Bank

Primary Contact: Marty
Phone: 360-853-8505
Address: 45770 Main St, Concrete
Distribution Days: Apr - Sept 2nd & 4th Thursdays,
Oct - Mar 2nd, 3rd & 4th Thurs
Hours: 12:00-3:00PM

Hamilton Food Bank

Primary Contact: Ron or Kathy
Phone: 360-826-4090
Address: 5714 Patit St, Hamilton
Distribution Days: Tuesdays
Hours: 11:00AM - 12:00PM & 1:00-3:00PM

Helping Hands Food Bank

Primary Contact: Becky
Phone: 360-856-2211
Address: 601 Cook Rd, Sedro-Wooley
Distribution Days: Wednesdays
Hours: 10:00AM - 11:30AM & 12:20PM - 4:00PM

Neighbors In Need Food Bank

Primary Contact: Steve Fox
Phone: 360-420-0558
Address: 1615 S 2nd St, Mt Vernon
Email: svneighborsinneed@gamil.com
Distribution Days: Tuesday
Hours: 1:00PM - 6:00PM

La Conner Sunrise Food Bank

Primary Contact: No Current Contact
Phone: 360-333-3773
Address: 601 South 2nd St, La Conner
Distribution Days: Monday
Hours: 2:00PM - 3:30PM

Salvation Army Food Bank

Primary Contact: Paula
Phone: 360-293-6682
Address: 3001 R Drive #100, Anacortes
Distribution Days: Monday & Wednesday
Hours: 1:00PM - 3:45PM:

Shepherd's Heart Food Bank

Primary Contact: Arla Mae
Phone: 360-840-4940
Address: 8224 S Main St, Lyman
Distribution Days: Thursday
Hours: 11:00AM - 3:00PM (3rd Thurs 11-5)

St Vincent De Paul

Primary Contact: Lynne
Phone: 360-293-9821
Address: 4001 St Mary's Dr, Anacortes
Distribution Days: Friday
Hours: 10:00AM - 11:00AM

Tri-Parish Food Bank

Primary Contact: Jose
Phone: 360-757-0128
Address: 935 Peterson Rd, Burlington
Distribution Days: Sept - May Saturday; June - Aug
Wednesday
Hours: Sept - May 12:00PM - 3:00PM; June - Aug
3:00PM - 6:00PM