



MOBILE FOOD APPLICATION

Thank you for your interest in being a part of our Mobile Food Program. Current, accurate contact information is crucial in order for us to be able to contact you in case of an emergency or change regarding your food delivery or in a situation where one of our delivery drivers needs to get in touch regarding your delivery throughout your time in our program. Please make sure that the information you provide is correct. After reviewing your application, we will get in contact with you. If you have any questions or would like to follow up on your application, feel free to contact Sue at (360) 202-0544.

First Name:	Last Name:
Address:	
Phone:	Birthdate:

Please answer the following questions :

1. Do you have any physical limitations or a medical condition that makes you unable to attend the food bank on your own? Yes No

If yes, please explain :

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

If yes, please explain inability to make it Tuesdays between 11 AM – 6 PM to the food bank :

3. Is a caretaker, family member or friend willing or able to bring you or pick up food for you at the food bank Tuesdays between 11 AM – 6 PM? Yes No

If yes, please provide additional information such as their name (if picking up food):

4. Our food bank has designated Skagit Transit stops located nearby. Are you able to use public transportation to access food bank services? Yes No

If no, please explain :

5. We offer carry out services to our clients' vehicles in order to limit heavy lifting and standing for extended periods of time. If given additional assistance, would you visit your local food bank?
 Yes No

Thank you for completing this application. Once received, we will review the information provided and be in contact with you. Please sign below.

By signing below, I certify that the information provided in this application is true and accurate to the best of my ability.

Signature : _____ Date: _____