86 Hunger Now
Meal Assistance Application

Applicant Information

Full Name: _____Phone:_____
Address: _____
Apt. Community / Development Name: _____Email:_____

Household Details

Adults: _____ Children: _____ Seniors: _____ Household Income: _____
Do you or anyone in your household receive Food Stamps (SNAP)? Yes____ No____
If so, why and for how long?_____
Last date receiving Food Stamp benefits and amount: _____
Have your Food Stamps or SNAP been paused because of the government shutdown? Yes____ No____

Employment Information

Employed? Yes____ No____ Employer Name:_____
Employer Address & Contact Info: _____

Delivery Commitment

Do you agree to either be home on Saturdays between 1–3 PM or leave a cooler large enough to safely fit your meals at your door? Yes____ No____ ***Meals will not be left unattended**

Do you agree to email or text us at least 24 hours before delivery if you are out of town or do not need a meal that week? *Yes____ No____*

Additional Information

How did you hear about us? _____
Will you share our weekly posts on social media? Yes____ No____
Are you okay to receive text messages with updates on our meal schedule? Yes____ No____
Dietary / Allergy Notes: _____

Signature: _____ Date: _____