



Date of Referral:

FCSDC Mobile Pantry Referral Form

What is it? The FCSDC Mobile Pantry is a supplemental food resource that provides home-delivered boxes containing shelf-stable grocery items that require minimal preparation. The contents are comparable to what would be received at a community-based food pantry. From time to time, fresh produce, dairy, and meats may be available.

Who is eligible? Low-income Delaware County residents who have limited mobility outside of their home due to disability, age, or illness or individuals and families experiencing homelessness who have been temporarily placed in a motel.

Referral Process: This referral form should be completed and emailed to MobilePantry@fcsdc.org. Referrals are accepted from social workers, case managers, food pantries, homeless outreach, and other social service providers who can provide basic demographic information and verify that the individual or family meets program eligibility. Self-referrals cannot be accepted. A separate referral form must be completed for each delivery request.

Eligibility Checklist <i>(the individual or family must meet <u>both</u> criteria #1 and #2 and <u>one</u> of criteria #3 or #4)</i>	YES	NO
1. Resident of Delaware County	<input type="checkbox"/>	<input type="checkbox"/>
2. Low income <i>(see income guidelines on reverse)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Limited mobility outside of their home due to disability, age, or illness that prevents them from accessing community-based food pantries or other food resources	<input type="checkbox"/>	<input type="checkbox"/>
4. Individual or family experiencing homelessness who have been temporarily placed in a motel	<input type="checkbox"/>	<input type="checkbox"/>

If eligible, please provide the following information and email to MobilePantry@fcsdc.org.

Client Name:		Client Phone:				
Household Configuration:	# of Adults:	# of Children (under 18)		# of Seniors (65 and older)		
Household Income:	\$	<i>check one</i>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>	
Dietary Restrictions, if any: <i>(we will attempt to accommodate as much as possible)</i> :						
Street Address:						
City / State / Zip:						

A FCSDC staff person will contact the individual by phone to arrange a delivery day and time. If we are unable to contact the individual, we will contact the referral source to attempt to schedule.

Referred by:				
Referral Agency:				
Phone:		Email:		

Mobile Pantry Income Guidelines			
<i>(these guidelines are updated annually based on USDA criteria)</i>			
Household Size	Weekly	Monthly	Annual
1	\$372	\$1,610	\$19,320
2	\$503	\$2,178	\$26,130
3	\$633	\$2,745	\$32,940
4	\$764	\$3,313	\$39,750
5	\$895	\$3,880	\$46,560
For each additional person add	\$131	\$567	\$6,810



*Please note that the **FCSDC Mobile Pantry Program** replaces the COVID Food Program that was implemented by FCSDC in response to the pandemic. Many of the individuals and families who were referred to the COVID Food Program would meet the eligibility criteria for this program.*

*Questions may be directed to FCSDC Food Coordinator, Gloria Maples at **610-566-7540 x407** or at MobilePantry@fcsdc.org.*

Family & Community Service of Delaware County
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