

MISF, Inc.

Healthy Provisions Program

Monthly Grocery Distribution – Application Form

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Phone Number: _____

- Number of People in Household? _____
- If minor children, what are the ages? _____
- Net Monthly Income? \$ _____
- Total Monthly Expenses? \$ _____
- Receiving Government Food Assistance? Yes____ No____
- If Receiving Government Assistance, how much? \$ _____

Please provide any additional information that you feel will assist us when reviewing your application.

Do Not Write Below This Line:

1. Eligible with start date of: _____
2. Eligible, but placed on waiting list. Potential start date of: _____
3. Not Eligible, but approved for Emergency Food Pantry Assistance: _____
4. Not Eligible/Reason: _____