

FOOD DISTRIBUTION/DELIVERY APPLICATION

Longfellow/Seward Healthy Seniors

email: info@LShealthyseniors.org

phone: 612-729-5799

Name: _____ Email: _____

Street Address: _____ Apt #: _____ City: Minneapolis

State: MN Zip: _____ Phone #: _____

Gender: _____

Date Of Birth: _____ / _____ / _____
Month Date Year

Race/Ethnicity (select all that apply):

- Black
- African American
- East African (i.e. Somalia, Ethiopia, Kenya, Djibouti)
- American Indian/Alaskan Native
- Native Hawaiian or Pacific Islander
- Latinx/Hispanic
- Asian
- White/Caucasian
- Other, please list _____

Do you have a disability? No

Yes (please describe) _____

Household Size: 1 2 3 4+

Monthly Income: \$ _____

(Include all wages, self employment income, social security, disability and veterans' benefits, and retirement/pensions.)

What type of service(s) are you applying for?

- Free distribution of perishable foods such as meat, dairy and fresh produce
- Delivery of food from food shelves or grocery stores
- Other: _____

Do you have special dietary needs? If so, please explain:

Are there other services you need to help you live independently?

Signature _____ **Date** _____

Seniors that are age 60+ who live in the Greater Longfellow and Seward neighborhoods and are lower income will be given priority.