



Grocery Order Phone 212-0993
Program Information Phone 752-7266

Grocery Delivery Program

The heart of the Grocery Delivery Program is to provide free delivery of groceries once a week to individuals who are senior citizens and/or have a disability (temporary or permanent). It's intended for people who have difficulty or are unable to independently shop for groceries, who live within the greater Kalispell area, and agree to have volunteers shop for their groceries at Rosauers. This program depends entirely on caring volunteers and is offered through the United Way as a nonprofit community service.



Customer _____ Age _____
Street Address _____ City & Zip _____
Phone _____ Answering Machine/Voicemail Yes No

.....
Alternate contact person if unable to reach you or there's an emergency:
Name _____ Phone _____
.....

People Living In My Household:

Name _____ Relationship _____
Name _____ Relationship _____

My Monthly Income:

<i>Amount of Monthly Income</i>	<i>Source of Monthly Income</i>
\$ _____	_____
\$ _____	_____
\$ _____	_____

Other Programs I Am On:

- Companion Care Services (Agency On Aging)
- LIEAP/Weatherization (energy assistance)
- Low Income Housing - monthly rent subsidy \$ _____
- Homemaker Services (Agency On Aging)
- Meals On Wheels (Agency On Aging)
- Medicaid (do not confuse with Medicare)
- SNAP (food stamps)
- Other _____

My Health Concerns/Limitations *(please describe)* *(circle one)*
1 _____ Temporary or Permanent
2 _____ Temporary or Permanent
3 _____ Temporary or Permanent

I use the following mobility device(s) *(check all that apply)*

- Cane
- Crutches
- Leg Braces
- Walker
- Wheelchair
- Other: _____

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For your safety and the safety of our delivery volunteers please provide the following information:

I have allergies (include allergies to foods or ingredients in foods): No Yes (describe)

I have a pet: dog (breed, age, temperament) _____
 cat (breed, age, temperament) _____
 other _____

Please deliver my groceries to my: Front Door ___ # of steps Back Door ___ # of steps

Other delivery instructions _____

I CERTIFY THAT:

- I am unable to shop for weekly groceries because: *(mark all that apply)*
- I do not have a vehicle
 - I unable to drive
 - I have a vehicle & a drivers license but I am not allowed to drive. Others sometimes drive me around.
 - I have a vehicle & a drivers license but it's not safe to drive when the weather or roads are bad
 - Public transportation is not an option for me
 - I am physically unable to do my own shopping
 - Other reason _____
- I consider myself to be low income

I UNDERSTAND THAT:

- Delivery of groceries is FREE. Payment for the cost of the groceries may ONLY be made by check (no cash or credit card) that is payable to Rosauers on the day of delivery.
- I must be home on the morning that my groceries are to be delivered or I have made arrangements for someone else to be there on my behalf.
- I understand that information about me and my situation will be kept confidential by my delivery volunteer(s) and by the Grocery Delivery Program.

Signature: _____ Date: _____



KIND AND COURTEOUS SERVICE IS AT THE HEART OF THE GROCERY DELIVERY PROGRAM!