



Delivery Program Application

Thank you for your interest in our **Delivery Program**. The Open Door provides LIMITED grocery and meal deliveries for those who meet specific eligibility criteria. This program is designed to support people who are completely homebound or have a significant medical condition that makes it impossible for them to pick-up groceries or meals themselves. Temporary access may be approved in instances of general hardship on a case-by-case basis for this program (contingent on capacity).

Applicant Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ () _____ Your Email: _____

Your Cell: _____ () _____ Requesting: *Meals* ☐ *Groceries* ☐ *Both* ☐

Number of People in Household: _____

Please read and check the box to show you understand (required):

- ☐ I understand that The Open Door has limited staff and volunteers to make meal and grocery deliveries. If I do not meet the eligibility requirements, I will likely not qualify for the delivery program.
 - ☐ I understand that if I do not meet the eligibility requirements, I can still pick up groceries and meals myself or have a friend, family member or health aid do it for me.
 - ☐ If approved, I agree to be available to receive scheduled grocery or meal deliveries. We can't deliver if you're not home regularly.
 - ☐ I understand I may be removed from the delivery program if I am no longer eligible.
 - ☐ I understand that I must re-apply every year, and I may only be approved temporarily.
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Which forms of transportation do you currently use?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Your car | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Friend or family member's car | <input type="checkbox"/> Uber/Lyft |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Other: _____ |

Income Eligibility

Please provide at least one of the following income verification documents:

- | | |
|--|--|
| <input type="checkbox"/> SSI/SSDI Award Letter | <input type="checkbox"/> Unemployment Benefits Statement |
| <input type="checkbox"/> SNAP/EBT Benefits Card | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Medicaid or MassHealth Card | |

Medical Verification

Please attach a note from your Primary Care Physician (doctor) confirming that you are homebound and unable to leave your home for food access. The note does not have to include any medical diagnosis or condition. DO NOT include diagnoses, treatment plans, or other sensitive health information.

How to Submit Your Application

Please submit your completed application and attach all requested information to be considered for the program. Thank you!

- By Mail: 28 Emerson Avenue, Gloucester, MA 01930 (to the attention of Delivery Program)
 - Your Medical Verification from your PCP may be faxed to 978-865-3847
- Online at FOODPANTRY.org/delivery

Privacy Statement

Your personal information is collected solely for the purpose of determining eligibility for the Delivery Program. All information will be kept confidential and will not be shared with third parties without your consent, except as required by law.

For Office Use Only

RECEIVED BY: _____	DATE: _____
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Meals/Groceries

Groceries

Meals