

**Bread of Life Grocery Delivery Program Application:**

Date: \_\_\_\_\_

The criteria for applying for Grocery Delivery program is:

• **You must be an Elderly individual or couple (60 years or older) with a mobility impairment, or Disabled with a mobility impairment, and have no household member between the ages of 18 and 59 years old.**

**AND**

• **You must live in Malden or Everett**

**OR**

• **You must be a client of Mystic Valley Elder Services OR be referred by a healthcare provider for a mobility impairment OR have a COVID diagnosis.**

If you do not meet these criteria, we suggest that you contact Mystic Valley Elders Services at 781-324-7705 for additional services. COVID clients will be removed from delivery after 14-day quarantine period unless we are notified by the referring agency that you require a longer quarantine period.

If you need food assistance, you can call the Food Source Hotline at 1 800-645-8333 to find food service locations in your area. If you receive food from the Bread of Life Food Pantry at 109 Madison St., Malden you will be removed from the delivery program. We reserve the right to not accept clients.

**If you believe you qualify for our delivery service and wish to continue, we require the following information:**

1. First and Last name: \_\_\_\_\_

2. Address - Street, Apt #, City: \_\_\_\_\_

3. Number and ages in household (ex. 1 Adult (24), 2 Children (6 mo, 14)): \_\_\_\_\_

4. Contact telephone number: \_\_\_\_\_

5. Dietary restrictions: \_\_\_\_\_

6. Any food allergies: \_\_\_\_\_

7. Household Language \_\_\_\_\_

8. Email address \_\_\_\_\_

9. Delivery interval: Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

10. Are you a client of Mystic Valley Elders Services: (Provide MVES RSC' name) \_\_\_\_\_

11. Identify which category you represent:

\_\_\_\_\_ Elderly (60 yrs or older) with mobility impairment, Date of Birth (mm/dd/year): \_\_\_\_\_

\_\_\_\_\_ Disabled with mobility impairment (Please identify disability) \_\_\_\_\_

\_\_\_\_\_ COVID Patient

12. Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return To: Bread of Life, Attn: Delivery Program, 214 Commercial St, Suite 209, Malden MA 02148**  
Office telephone: 781-820-4749, 781-397-0404

*(Verification Form-3-new-application)*