

# Meals On Wheels for Kids Application

If you would like to apply for your child to receive home delivered meal service while not at school (ie. emergency closing, holiday break, etc.), please fill out the form below. After we receive the application, we will call you to discuss eligibility. Thank you!

## Your information (for adult only, information for children will be collected later in application)

\*required

First Name\*:  Middle Name:

Last Name\*:

Phone Number\* (where you can most easily be reached):

Secondary Phone:

Email\*:  Birthday (Month/Day/Year)\*:

What is your current marital status?: ☐ Single ☐ Married ☐ Divorce ☐ Widow

What is your relationship to the child/children listed in this application?\*

☐ Mother ☐ Father ☐ Grandmother ☐ Grandfather ☐ Uncle ☐ Aunt ☐ Sister ☐ Brother ☐ Babysitter ☐ Other

## Eligibility

\*required

Does your child participate in the free/reduced lunch program?\* ☐ Yes ☐ No

Can you or your child access an emergency meal site to receive grab and go meals in your area?\* ☐ Yes ☐ No

Do you participate in SNAP or WIC programs?\* ☐ No ☐ Yes, SNAP ☐ Yes, WIC ☐ Yes, Both

Does your child participate in the National School Breakfast and/or Lunch Program?\* ☐ Yes ☐ No

Does your household have access to a working or reliable vehicle for life-sustaining trips: medical, grocery, work, job-related training/education and other vital services?\* ☐ Yes ☐ No

Is your household lead by adult with a disability or illness?\* ☐ Yes ☐ No

Will an adult 18 yrs or older be home during meal delivery?\* ☐ No ☐ Yes

How did you hear about Meals On Wheels for Kids?

☐ School ☐ Pantry ☐ Flyer ☐ Self ☐ Someone who receives meals ☐ Other ☐ Social Media ☐ TV/News/Print ☐ Family/Friend ☐ Internet  
☐ Social Worker/Case Manager ☐ Volunteer

## Address & Household Information

\*required

Address\*:  Apartment #:

Name of Apartment Complex / Gate Code:

City\*:  Zip\*:

County\*: ☐ Hillsborough ☐ Pasco ☐ Pinellas

Number of people that live in the child's household\*:

Number of children that live in your household (18yrs or younger)\*:

Number of pets in the household\*: ☐ 1 or more cats ☐ 1 or more dogs ☐ 0

Primary language spoken in the household\*: ☐ English ☐ Spanish ☐ Other

Net household income, after taxes\*:

How does your family identify the race of the household?\* Select all that apply.

☐ Asian or Pacific Islander ☐ Native American or American Indian ☐ Black or African American ☐ Other ☐ Hispanic or Latino ☐ White

## Information about child/children

FOR EACH CHILD, list the FIRST NAME, LAST NAME, GENDER, BIRTHDAY, and SCHOOL below.\* (required)

## Secondary contact information (provide contact information for someone who will be home to receive the delivery, in the event that you will not be home)

First Name:

Last Name:

Phone:

Relationship to child/children: ☐ Mother ☐ Father ☐ Grandmother ☐ Grandfather ☐ Uncle ☐ Aunt ☐ Sister ☐ Brother ☐ Babysitter ☐ Other

**Please read and respond to the following Meals On Wheels for Kids (MOW4Kids) statements:**

\*required

I acknowledge that MOW4Kids, a Tampa Bay Network to End Hunger (TBNEH) program, will be delivering meals for the child/children at the address listed above when school is not in session or when child/children are attending school remotely or virtually from home. These meals will be delivered by volunteer drivers who have been background checked. I give permission for the MOW4Kids drivers to deliver meals to the child/children listed above, even if no responsible adult is present.\*

☐ Yes ☐ No

I will enforce social distancing and I understand that volunteer drivers delivering the food will enforce social distancing. I will allow volunteers to place the delivery items at my front door, then knock on the door or ring the doorbell, and step away, while someone from my home retrieves the items. I will practice social distancing by not touching the volunteers, taking food from each other, or being within 6 feet.\*

☐ Yes ☐ No

I understand that if I live in an apartment complex, volunteers will call me when they are 15 minutes away. I will meet the volunteer at the front of the apartment complex to receive my delivery, if I am physically able to do so. I will stand back and practice social distancing, while awaiting direction from volunteers to retrieve the delivery.\*

☐ Yes ☐ No

I understand that MOW4Kids deliveries may contain nuts, wheat, soy, fish, eggs, or dairy, etc.\*

☐ Yes ☐ No

I understand that someone must be home to receive the delivery between 10am-2pm on the delivery day. I will notify MOW4Kids by calling 813-344-5837 if no one will be home to receive the delivery. I will notify MOW4Kids at least 2 business days (M-F) before my scheduled delivery. If I don't call in advance and no one is home to receive the delivery, I will no longer be able to participate in the program.\*

☐ Yes ☐ No

**Sign and Date**

\*required

First and Last Name\*:

Date\*: