



Moose Jaw & District Food Bank Delivery Service Eligibility Requirements

1. Residency: You must be a resident of Moose Jaw or surrounding service area.
2. Severe Mobility Limitations: You must be unable to physically access the Harvest Pantry due to severe mobility issues.
3. Lack of Support: You must not have family, friends, or caregivers who can assist you in accessing our services.
4. Professional Verification: You must provide a signed letter from a licensed healthcare professional on official letterhead containing:
 - Your diagnosis or severe mobility issue.
 - That your condition prevents you from attending the pantry in person.
 - That you lack adequate personal support to access services.
5. Annual Renewal: Eligibility must be renewed annually with updated documentation.

■ ■ Important Notice

These requirements are in place to ensure that our delivery service is not misused and remains available for those who truly need it. Abuse of this program reduces our ability to serve individuals facing the greatest barriers.

Application for Delivery Service

Client Section (to be completed by the client)

Full Name:

Date of Birth:

Phone Number:

Address:

Do you currently have family, friends, or caregivers able to assist you? Yes No

Reason for Requesting Delivery Service:

Client Signature: Date:

Healthcare Provider Section (to be completed by a licensed healthcare professional)

- I, _____ (healthcare provider name), confirm that:
- My patient, _____ (client name), has severe mobility limitations.
 - Due to these limitations, they are unable to access the Moose Jaw & District Food Bank's Harvest Pantry in person.
 - They lack sufficient family, friend, or caregiver support to assist with accessing these services.

Provider Information (must be on professional letterhead):
Provider Name: _____