



Meals on Wheels Customer Application

OFFICE USE ONLY
START DATE: _____
AMOUNT PAY: _____
ROUTE #: _____
BONITA CLIENT: _____

Date _____ Application Taken by/Organization _____

Client's Name: _____

Street Address: _____ Apt. / Lot #: _____ Phone: _____

Subdivision / MHP Name: _____ City: _____ Zip: _____

Other Information: Gate Code: _____ Guard Fenced in Home (Pets Must be under control)

Birthday: _____ Female Male Marital Status: Single Married Widowed

Ethnicity: Non-Hispanic Hispanic Veteran: Yes No

Race: Asian African American Caucasian American Indian

Type of Housing: Condominium House Mobile Home Park Apartment

Living Arrangements: Alone With Another Other _____

Income level: Are you eligible for SNAP? YES NO

1 person:	0—\$ 12,200 _____	2 people:	0—\$ 13,950 _____	3 people:	0—\$ 15,700 _____
	\$ 12,201—\$ 20,300 _____		\$ 13,951—\$ 23,200 _____		\$ 15,701—\$ 26,100 _____
	\$ 20,301—\$ 32,500 _____		\$ 23,201—\$ 37,500 _____		\$ 26,101—\$ 48,800 _____
	\$ 32,501—Above _____		\$ 37,501— Above _____		\$ 48,801 - Above _____

Medical Qualifications: Homebound Difficulty Preparing Meals No Daytime Help

Illnesses and/or injuries (list all past or present): _____

Limitations (check all that apply): Moves Slowly Hearing / Sight Loss Memory Loss/Confusion

Uses Walker / Cane / Wheelchair High Blood Pressure Diabetic Other: _____

Recent Hospitalization / Rehab Discharge date and reason _____

Meals: # of Days: Mon. Tues. Weds. Thurs. Fri. 7 Days

Beverage: No Bev. Juice Water

Start Date: _____ Client Must Be Able To Accept Meals Between 10am and 12 noon—Weekdays

Referred By: _____ Relationship: _____ Phone: _____

Local Contact: _____ Relationship: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

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