



MEALS ON WHEELS CUSTOMER APPLICATION

OFFICE USE ONLY
START DATE:
AMOUNT PAY:
ROUTE #:

Date Application Taken By/Organization

Client's Name

Street Address Apt./Lot # Phone

Subdivision/MHP Name City Zip

Other Information: Gate Code Guard: Y/N Fenced in Home: Y/N (Pets must be under control)

Birthday Female Male Marital Status: Single Married Widow

Veteran: Yes No Ethnicity: Non-Hispanic Hispanic

Race: Black/African American White Asian America Indian /Alaskan Native Other Multi-Racial

Type of Housing: Condominium House Mobile Home Park Apartment

Living Arrangements: Alone With Another Other

Income Level: Do you receive food stamps? YES NO

Table with 3 columns: 1 person, 2 people, 3 people. Rows show income brackets from \$0-\$12,200 to \$48,801+.

Medical Qualifications: Homebound/Unable to Drive Difficulty Preparing Meals/Operating Stove 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:

Meal Days: Mon. Tues. Weds. Thurs. Fri. 7 Days

Beverage Selection: No Bev. Juice Water

Start Date Client Must Be Able To Accept Meals Between 9:30am and 12:00pm, Mon-Fri/Sat

Referred By: Relationship: Phone:

Local Contact: Relationship: Phone:

Emergency Contact: Relationship: Phone:

Address: City: State: Zip: