



Meals on Wheels Reduced Rate Application

Name: _____

Address: _____ zip code _____

Phone: (_____) _____ -- _____ Date of Birth: ____/____/____

Race (Circle one): Black Caucasian Hispanic Other

Diabetic: yes no Sex: Male Female

Emergency Contact: _____ Phone: (_____) _____ - _____

Others in Household: _____

Qualifying Condition: _____ Referred by: _____

Meal Delivery: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Monthly Expenses (estimated)

Rent / Mortgage \$ _____
 Electric/gas/water/
 phone/cable \$ _____
 Food \$ _____
 Insurance \$ _____
 Medical / Rx \$ _____
 Other \$ _____

TOTAL \$ _____

Monthly Income

Social Security \$ _____
 SSI \$ _____
 Disability \$ _____
 Pension \$ _____
 V.A. \$ _____
 Food Stamps \$ _____
 Other \$ _____

TOTAL \$ _____

I understand that I will be billed at the end of each month for each meal received. The amount charged for each meal will be based on the above information, which I affirm is true and correct, and I will be notified of this amount after process of this application. Payment is due by the 15th of the following month. If payment is not received, meals will NOT be delivered unless other arrangements are made.

 Signature Date: ____/____/____

Our program provides services to eligible applicants without regard to race, color creed, sex, religion, handicap, age, national origin or political belief