



## Meals on Wheels Standard Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_ zip code \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_--\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Race (Circle One): Black Caucasian Hispanic Other

Diabetic: Yes No

Sex: Female Male

Newspaper: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Others in Household: \_\_\_\_\_

Qualifying Condition: \_\_\_\_\_ Referred by: \_\_\_\_\_

Meal Delivery: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

I understand that I will be billed \$3.50 per meal and the statement is mailed at the end of each month. Payment is due by the 15<sup>th</sup> of the following month.

If payment is not received, meals will NOT be delivered unless other arrangements are made with the MOW Coordinator.

\_\_\_\_\_  
Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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