

**Meals On Wheels New Client Application**



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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Do you live alone? \_\_\_\_\_

Name of Nearest Relative or Friend (incase of emergency) \_\_\_\_\_ phone# \_\_\_\_\_

Name of Dr: \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for requesting Meals on Wheels \_\_\_\_\_

Please Circle your answers:

Are you receiving medical attention?	Yes	No	Are you homebound?	Yes	No
Are you able to prepare your own meals?	Yes	No	Do you drive a car ?	Yes	No
Do you have someone that cooks for you?	Yes	No			
Do you have someone that shops for you?	Yes	No			

How long do you think you will need Meals on Wheels? Month \_\_\_\_\_ 3 Months \_\_\_\_\_ Indefinite \_\_\_\_\_

Days Meals are Needed (circle): Monday Tuesday Wednesday Thursday Friday

Rate: \$9.00 per day ( this includes a hot meal, one cold meal)

Is financial assistance needed? Yes No

If **YES** paid by: Meals on Wheels \_\_\_\_\_ SWCAA \_\_\_\_\_

If self-pay, monthly payments will be made by whom? \_\_\_\_\_

Billing address if different from Applicant's \_\_\_\_\_

Do you have refrigeration? Yes No

Cooler will be provided to you to use when you are not home to accept delivery. Please indicate where they will be left ( i.e. frontporch, next to bacfoor, etc. : \_\_\_\_\_

Are there any special requirements for delivery?: \_\_\_\_\_

**Please eat meals promptly. The hot meals should be eaten as soon as delivered and the cold meals should be refrigerated until evening. We cannot be responsible if this procedure is not followed.**

To suspend service, please call the Meals on Wheels office at 203-594-5318 at least one day before you are planning to go away to assist us with our planning.

Signature of Applicant: \_\_\_\_\_

Referred By: \_\_\_\_\_ Phone # \_\_\_\_\_

