

MEALS-ON-WHEELS OF NEW CANAAN CLIENT APPLICATION



Name: _____ Date of
 Application: _____
 Address: _____ Apt.#: _____
 Phone: _____ Date of Birth: _____ Do you live alone? _____
 Name of Nearest Relative or Friend (for an emergency): _____ Phone #: _____
 Name of Physician: _____ 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 currently driving a car?	Yes	No
Do you have a family member or caregiver who assists you at home?	Yes	No			
Are you able to prepare your own meals?	Yes	No			
Do you have someone who can cook for you?	Yes	No			
Do you have someone who shops for you?	Yes	No			
How long do you think you will need the Meals-On-Wheels service?					
Planned length of service:	Month _____	3 Months _____	Indefinite _____		

Days Meals Are Needed: (Circle) Monday Tuesday Wednesday Thursday Friday

Rate: \$5.00 per day (includes a hot lunch and cold dinner)

Is financial assistance needed? Yes No
 If yes, paid by: Meals-on-Wheels grants _____ SWCAA _____

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

Billing address (If different from applicant's) _____

Do you have refrigeration? Yes No

Coolers will be provided to you to use when you are not home to accept delivery. Please indicate where they will be left (i.e., front porch, next to back door, 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 : _____