

Office Use Only:
 Charge: \$ _____ Events _____
 Hosp Rt. _____ AR _____
 Income:
 <30 31/50 51/80 >81

CLIENT APPLICATION

Meals on Wheels requires this form be complete and received by Meals on Wheels office prior to the start of food delivery.

*=required field

*Name : _____ *Date Of Birth: _____

*Home Phone : _____ Cell Phone : _____ *Today's Date : _____

*Address : _____ Address 2: _____ email: _____

*City: _____ State: IL *Zip: _____ Cross Streets : _____

Living Situation : Alone Family Friend Spouse Assisted/Group

Marital Status : Single Married Divorced Widowed Gender : M F Start Date: _____

Delivery Days : M T W TH F SAT Congregation: _____

Household Pets (Types and quantities) : _____

***DIET REQUIREMENTS: (SELECT ONE)**

- | | | | | | |
|--|---------------------------------------|--|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Renal, dialysis | <input type="checkbox"/> Cardiac | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Antire/low acid | <input type="checkbox"/> Low Fiber | <input type="checkbox"/> General |
| <input type="checkbox"/> Renal, pre-dialysis | <input type="checkbox"/> Gluten free | <input type="checkbox"/> Mechanical soft | <input type="checkbox"/> High Protein | <input type="checkbox"/> Low Residue | |
| <input type="checkbox"/> No/Low sodium | <input type="checkbox"/> High Calorie | <input type="checkbox"/> Pureed | <input type="checkbox"/> Low Calorie | <input type="checkbox"/> Vegetarian | |

*Beverage : (select one) 2 Milk 2 Juice 1 Milk 1 Juice If milk, choose type : skim 1% 2% Whole

*List all food allergies : _____

*Food restrictions (religious beliefs or other): _____

Special instructions for the driver : _____

Billing Address (if different than delivery address): _____

*Emergency Contact : _____ * Emergency Contact's Phone Number : _____

Physician's Name : _____ Physician's Phone Number : _____

Medical Conditions : _____ Referred By _____

The following information is for grant writing purposes and is helpful but not required information:

Race: _____ Are you a veteran? Yes No Are you the spouse of a veteran? Yes No

Are you disabled? Yes No What is your annual/monthly income? _____

Are you also interested in Meals on Wheels's Friendly Visitor program? Yes No

If Yes, what are your hobbies/interests? _____

Grocery Shopping/Food Pantry programs? Yes No If yes, where would you prefer to go? _____

I have reviewed the diet information above and understand that the duty of MEALS ON WHEELS is to deliver my food. MEALS ON WHEELS does not prepare the food. I hold MEALS ON WHEELS free of harm from the effects of any incident that may occur in the normal course of business between MEALS ON WHEELS, its volunteers and myself.

*Signature _____ * Date _____