



MEALS ON WHEELS CLIENT APPLICATION

Client Name: _____

Street _____ Apt _____ Town _____

Mailing Address _____

Phone _____ Fax _____

Gender _____ Marital Status _____

Is there a pet in the home? _____

Will the client need help with meal? _____

Does the client speak English? _____

Does the client have access to a refrigerator? _____

Will client have difficulty answering the door? Y/N

If yes specify nature of problem and how volunteer will enter clients home:

Emergency Contacts

Local residents only, individuals cannot live in the same residence.

Has key to the client home? Y/N

Name _____ Relationship _____

Address _____ Apt _____

City _____ Postal Code _____

Phone (Home) _____ Cell _____

Does client live alone? Y / N

If no specify names and relationships of other person in household:

Why is above listed person unable to cook meals for clients? _____

Service Eligibility (please comment as to why client is homebound unable to shop or cook)

How did you hear about Meals on Wheels? _____

Medical Issues _____ Food Allergies _____

Client Status

Please use the following to describe: Excellent, Good, Partial, None.

Vision _____ Glasses Y / N

Hearing _____ Hearing Aide Y / N

Mobility Status _____

Mobility Assistance – Cane, Walker, Wheelchair

Additional Needs:

Other agency helping (i.e. personal care, housekeeping etc.) _____

Phone _____

Person Responsible for Fee:

Name: _____

Address _____ Apt _____

City _____ Postal Code _____

Phone (home) _____ Cell _____

Payee: Yes/No

Who should we contact to discuss fee and date service can start?

Name: _____ Phone _____

**Be aware that the current fee per meal is \$11.00 + GST.

Referral Information

Referred by: _____

Position _____

Name of Agency _____

Phone: _____ Date & Service Requested _____

Client Signature _____ Date _____

Person Responsible for Fee signature _____ Date _____

Please check one or all of the following. I would like to receive the meals each:

Mondays

Wednesdays

Fridays