

Please return to Meals on Wheels

CLIENT APPLICATION

Last Name			
First Name			
Address			
City		Zip	
Phone			
DOB		Date Completed	

1. Why do you want Meals on Wheels?

- I have trouble using appliances
- I have trouble getting to the store
- I have special dietary needs
- I live alone
- Recovering: injury/illness/surgery
- I don't enjoy cooking
- Sometimes I forget to eat
- I am not a very good cook

- I have trouble preparing food
- I have trouble grocery shopping
- I have poor appetite
- I have health problems
- I lost my spouse or family member
- I have safety issues while cooking
- I don't eat very nutritious food
- I don't get much company

Other

2. Who helps you at home?

My spouse
Neighbor
I don't have help

Family
Agency help

Other

3. If you have help from an agency, which agency is it and what type of help?

Outside maintenance
Cleaning
Laundry
Personal (dressing, bathing)
Driving me places
Help me manage appointments
Help me with errands

Inside maintenance
Cooking
Shopping
Help me manage medicines
Leisure activities
Keep me company
Help me with bills

Other

Name of Agency
Phone number

4. If you have help from family or neighbors, how do they help you?

Outside maintenance
Cleaning
Laundry
Personal care (dressing, bathing)
Driving me places
Help me manage appointments
Help me with errands

Inside maintenance
Cooking
Shopping
Help me manage medicines
Leisure activities
Keep me company
Help me with bills

Other

5. Is someone going to help you pay your Meals on Wheels bill?

Name	
Address	
Phone	
Email	

6. List any medical conditions that might affect your diet:

7. What medications do you take?

**8. Please list any dietary accommodations needed due to health conditions.
Examples: low sodium due to heart, sugar-free due to diabetes**

9. Do you have any dietary preferences?
Examples: prefer white bread, no milk, extra ketchup

10. The volunteers will deliver between 10:30 and 12:30.
They should do the following:

	Use the front door		Call first		Put food in cooler
	Use the side door		Knock hard		Put food in fridge
	Use the back door		Knock and wait		Put food on table
	Use the garage door		Knock and enter		

Other:

11. Is there anything else we should know?

12. Meals on Wheels of New Castle has a pet program: we can provide dog/cat food and mobile veterinarian services for clients who need assistance. If you have a pet, please complete the following:

Tell me about your pet:

Type	Name	Male/Female	Age	Spayed/ neutered?	Current vaccines?

What brand food does your pet eat?	
Do you ever have trouble shopping for pet food?	
Where do you get your pet food?	
Is it difficult to afford pet food?	
Do you have a veterinarian? Who?	
How often does your pet go to the vet?	
Do you have trouble getting your pet to the vet?	
Is it difficult to afford the vet?	
Is your pet in good health?	
Does your family help you with your pet?	
Would it be hard to be without your pet?	
What type of help do you need to make it easier to have your pet?	

13. List Two Emergency Contacts: Should we become concerned about you, we will call your emergency contact or 911.

Last Name	
First Name	
Phone	
Phone	

Last Name	
First Name	
Phone	
Phone	

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Signature Date