

Meals on Wheels CLIENT Registration Form

Today's Date: _____ Staff Name: _____

Start Date: _____ End Date: _____

FOR OFFICE USE ONLY

Name: _____ DOB: _____

Residential Address: _____ Gender: _____

City: _____ Tel: _____

Billing Name & Address if different from above: _____

Emergency Contact Information: _____

Friend and/or Relative (Name, Address, Tel. #s): _____

Address: _____ Tel.#: _____

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Primary Physician: \_\_\_\_\_ Tel. #s: \_\_\_\_\_

**Directions to home:** \_\_\_\_\_

**Check as many as pertain:** \_\_\_\_\_

- |                                                   |                                                                 |                                                         |
|---------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> 55 plus                  | <input type="checkbox"/> Lives alone                            | <input type="checkbox"/> African-American               |
| <input type="checkbox"/> Frail elderly            | <input type="checkbox"/> No support network                     | <input type="checkbox"/> American Indian/Native Alaskan |
| <input type="checkbox"/> Permanently Disabled     | <input type="checkbox"/> Never leaves home                      | <input type="checkbox"/> Hispanic Origin                |
| <input type="checkbox"/> Temporarily Disabled     | <input type="checkbox"/> High Nutrition Risk                    | <input type="checkbox"/> Non-minority                   |
| <input type="checkbox"/> Vision/Hearing impaired  | <input type="checkbox"/> Unable to do own shopping or meal prep | <input type="checkbox"/> <b>Juice</b>                   |
| <input type="checkbox"/> Female Head of Household | <input type="checkbox"/> Lives with spouse                      | <input type="checkbox"/> <b>Milk</b>                    |
| <input type="checkbox"/> Bedfast                  | <input type="checkbox"/> Spouse temp. disabled                  | <b><u>NOTES:</u></b>                                    |
| <input type="checkbox"/> Wheelchair or Walker     | <input type="checkbox"/> Spouse perm. disabled                  |                                                         |
| <input type="checkbox"/> Homebound                |                                                                 |                                                         |