



DATE \_\_\_\_\_ NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER(S) \_\_\_\_\_ GENDER \_\_\_\_\_

**ADDITIONAL NOTES CONCERNING DELIVERY:**

PHYSICIAN NAME \_\_\_\_\_ HOSPITAL/CLINIC \_\_\_\_\_ PHONE \_\_\_\_\_

IS RECIPIENT HOMEBOUND? Yes No

REASON FOR HOME DELIVERED MEALS \_\_\_\_\_

BEVERAGE CHOICE **(select one)** \_\_\_ whole milk \_\_\_ skim milk \_\_\_ 2% milk \_\_\_ chocolate milk (not recommended for diabetics)  
\_\_\_ apple juice \_\_\_ orange juice \_\_\_ cranberry juice

REQUEST MEALS ON THE FOLLOWING DAYS \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri.

MOBILITY \_\_\_ ambulatory \_\_\_ wheelchair \_\_\_ walker or cane

LIVING CONDITIONS \_\_\_ resides with spouse \_\_\_ resides alone \_\_\_ resides with relative/friend

PETS? \_\_\_\_\_ VETERAN? \_\_\_ yes \_\_\_ no SPOUSE OF A VETERAN? \_\_\_ yes \_\_\_ no

HOUSEHOLD MONTHLY INCOME \$ \_\_\_\_\_

EDUCATION LEVEL \_\_\_ 8<sup>th</sup> grade or less \_\_\_ 9-11<sup>th</sup> grade \_\_\_ 12<sup>th</sup> grade  
\_\_\_ 1-3 years college \_\_\_ 4 years college \_\_\_ Master's Degree \_\_\_ Doctorate Degree

RACE \_\_\_ African American \_\_\_ Asian \_\_\_ Hispanic \_\_\_ Native American/Alaskan  
\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_ Other \_\_\_ White

SEND BILL TO \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR PROGRAM? \_\_\_\_\_

**EMERGENCY CONTACT** (Family, friend, neighbor, etc to call if we are unable to get ahold of you)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_ RELATION \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_ RELATION \_\_\_\_\_

**Please send completed form to:**

Meals on Wheels || 1600 S. Withers Rd. Liberty, MO 64068 || Email: mealsonwheels@libertymo.gov  
Office: 816-439-4398 || Fax: 816-439-4377

FUNDING SOURCE: \_\_\_\_\_ MEALS WILL BEGIN: \_\_\_\_\_ MEAL DAYS: \_\_\_\_\_  
Welcome Letter ( ) Holiday Schedule ( ) Magnet ( ) Menu ( )