

Estes Park Meals on Wheels

APPLICATION FOR MEAL SERVICE

ROUTE _____

FEE: _____

CLIENT INFORMATION:

Name _____ Male ___ Female ___

Date of birth ___/___/___ Phone _____ email _____

Physical Address _____
Street Apt. #

Delivery Instructions: _____

(Detailed directions to home or apartment, color of house, which side of street, which door to use etc)

Special Delivery Instructions: _____

Special Personal notes about the client: _____

MEAL SERVICE INFORMATION: *(check or circle all that apply)*

1. Do you have a doctor's order for this service Yes / No (please provide a copy)
2. Diet: ___ General ___ Diabetic ___ Low Sodium comments: _____
Do you have difficulty chewing or swallowing? Yes / No
Do you have food allergies? _____
Are there foods you really dislike or cannot eat? _____

Do you eat meat? Yes / No Do you eat fish? Yes / No

Describe your need for this service: _____
Without wanting to, have you recently lost weight? _____

3. Delivery Days Needed:
Monday Tuesday Wednesday Thursday Friday Weekend Meals (qty :____)
Duration of service needed: _____

4. Discuss with client:
____ Give them a MOW brochure and go over it with them
____ Discuss with client:
____ drivers will knock and wait for an answer unless other instructions are given
____ If you do not answer the door, may we enter your home? **Yes / No**
____ If you have a lunchtime appointment, you must call ahead to cancel or give instructions
____ drivers are not allowed to leave food on counters or doorsteps, if you are not home,
____ May they enter your home and place the meal in your refrigerator? **Yes / No**

ABILITY / DISABILITY:

____ Speech
____ On Oxygen
____ Hearing
____ Visual
____ Mental
____ Other

____ Bedridden
____ Ambulatory
____ Wheelchair
____ Cane /Walker
Y / N Can you come to the door?
Y / N Need minimal help setting up the meal?

HOME HEALTH SERVICES:

Do you currently receive? Yes / No
Name of agency: _____
Days / Week _____
Hours a day _____

Page 2 – Meals on Wheels Application for Service

LIVING ARRANGEMENT:

___ Alone
___ With relatives
___ Other

HOUSING:

___ Home (own /rent)
___ Apartment
___ Other

TRANSPORTATION:

Do you drive? Yes / No
Do you use Special Transit? Yes / No
Do they need a ST brochure?

Y /N Do you have a pet?

___ What is the name of pet? _____

Depend on family and friends? Yes / No

IN CASE OF EMERGENCY CONTACT:

1. Relative _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Phone (home) _____ (work) _____ (mobile) _____

2. Friend /Relative _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Phone (home) _____ (work) _____ (mobile) _____

Tell client or family: If we find you to be in need of emergency health care (unresponsive or unconscious) we may dial 911 or call or emergency numbers. Comments: _____

FEE INFORMATION: (discuss with client)

The charge for each home delivered meal is \$4.50. Meals on Wheels may be able to work with you to determine a sliding scale fee that is affordable within your budget.

Would you like Meals on Wheels to work with you on a reduced fee? Yes / No

Monthly income level \$ _____ Agreed upon meal price \$ _____

Do you need additional information regarding Salvation Army Food Voucher Assistance? ___yes ___no

BILLING INFORMATION: Catering For All Occasions will send the monthly bill to:

_____	_____	_____	_____
first name		last name	
_____	_____	_____	_____
mailing address	city	state	zip
_____	_____	_____	_____
Home phone		work phone	

For office use only

Date of application ___/___/___ Referred by _____ Agency Name _____

Date meals to begin ___/___/___ Phone _____ email or other _____

Intake by: _____

Comments/ Home visit dates / Recuring start dates / Misc.

ROUTE # _____

Town of Estes Park / Estes Park Senior Citizens Center

Meals on Wheels Program

220 4th Street Estes Park, Colorado 80517

(970) 586-2996 Phone (970) 577-3768 FAX

www.estes.org/seniorcenter