



OFFICE USE ONLY	
START DATE:	_____
AMOUNT PAY:	_____
ROUTE #:	_____
BONITA CLIENT:	_____

Meals on Wheels Customer Application

Date _____ Application Taken by/Organization _____

Client's Name: _____

Street Address: _____ Apt. / Lot #: _____ Phone: _____

Subdivision / MHP Name: _____ City: _____ Zip: _____

Directions: _____

Other Information: Gate Code: _____ Guard Fenced in Home (Pets Must be under control)

Birthday: _____ Female Male Marital Status: Single Married Widowed

Ethnicity: Non-Hispanic Hispanic Veteran: Yes No

Race: Asian African American Caucasian American Indian

Type of Housing: Condominium House Mobile Home Park Apartment

Living Arrangements: Alone With Another Other _____

Housemate: _____ Relationship: _____

Referred By: _____ Relationship: _____

Medical Qualifications: Homebound Difficulty Preparing Meals No Daytime Help

Illnesses and/or injuries (list all past or present): _____

Limitations (check all that apply): Moves Slowly Hearing / Sight Loss Memory Loss/Confusion

Uses Walker / Cane / Wheelchair High Blood Pressure Diabetic Other: _____

Recent Hospitalization / Rehab Discharge date and reason _____

Meals: # of Days: Mon. Tues. Weds. Thurs. Fri. 7 Days

Beverage: No Bev. Juice Water

Start Date: _____ Client Must Be Able To Accept Meals Between 10am and 12 noon—Weekdays

Local Contact: _____ Relationship: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Jen Larsen, Meals on Wheels Program Manager

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