

Meals On Wheels Application

Homage Senior Services- Nutrition Program

5026 196th St SW

Lynnwood, WA 98036

425.347.1229 / 1.800.824.2183 / Fax 425.355.6875

Participant Information

(meals funded through 6/30/2020)

Is your reason for applying related to Covid-19? **Yes** **No**

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Name Apartment/housing Complex _____

Special Driving Directions

Phone _____ - _____ - _____ Email _____

Gender-Copy Male Female Birthdate ___/___/_____

Last 4 Digits of Social Security # _____

Emergency Information

First Name _____ Last Name _____

Phone # _____ - _____ - _____ Cell phone # _____ - _____ - _____ Work Phone # _____ - _____ - _____

Relationships to you _____

Physician's Name _____ Physician's Phone Number _____ - _____ - _____

Reasons for Meals on Wheels Request

I need services because: (check all that apply)

- I am temporarily homebound
- I am permanently homebound
- I have limited personal support
- I have limited access to food or shopping
- I have difficulty preparing meals

Delivery Options for Meals on Wheels

Delivery Options

One meal per day Two Meals per day

I need Meals for:

One week Two Weeks Three or more Weeks

Please check yes or no for the following questions

I need meals temporarily (through 6/30/2020) Yes No

I need meals long-term Yes No

Meal Preparation information

Do you have a microwave or oven to heat the meals? Yes No

Do you have a freezer? Yes No

How many meals can you store in you freezer? 7 frozen meals 14 frozen meals

Food Allergies

I have food related allergies Yes Yes

If yes Please list

Clearly describe the problem causing you to need this service :

Do you need help with any of the following? (check all that apply)

- | | | | |
|-----------------------------------|--|--|--|
| <input type="checkbox"/> Eating | <input type="checkbox"/> Toileting | <input type="checkbox"/> Transferring | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Managing money | <input type="checkbox"/> Heavy housework | <input type="checkbox"/> Light housework |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Transportation | <input type="checkbox"/> Preparing | <input type="checkbox"/> Managing meals |
| <input type="checkbox"/> Walking | <input type="checkbox"/> using the phone | | |

Personal Information

Are you a Veteran? Yes No Veteran Dependent

Were you previously employed by a company in Snohomish County?

Yes No

If yes, which company? _____

How did you hear about us? _____

Referral person's phone number: _____

Date _____

Ethnic Background (check all that apply)

American Indian Black Chinese Filipino Hispanic
 Japanese Korean Pacific Islander white
 Other _____

Do you speak and/or understand English?

Yes limited

Other Language :

Chinese Korean Russian Spanish Tagalog Vietnamese Other

Living Situation :

Alone With Spouse With Relatives Other _____

How many people are in your household?

One Two Three or more

Do you have pets? Yes No Type of pet ? Dog Cat Other

What is your household's monthly income? _____

Medical Conditions

Alzheimer's Anemia Anxiety Arthritis Broken Bones
 Cancer Constipation Dementia Depression Diabetes Diarrhea
 Edema Gastrointestinal Hearing Loss Heart/Vascular Hypertension
 Infection Kidney Liver Mental Health Nausea /Vomiting Osteoporosis
 Overweight Parkinson's Poor Appetite Respiratory/Oxygen Sight problems
 Speech problems Stroke Substance Abuse Underweight
Other _____

Height _____ Weight _____ Usual Body Weight _____

Determine Your Nutritional Risk

Check all that apply

Yes

No

| | | |
|---|--|--|
| I have an illness or condition that made change the kind and/or amount of food I eat (such as diabetes, high blood pressure, etc) | | |
| I eat fewer than 2 meals per day | | |
| I eat few fruits, vegetables or milk products. | | |
| I have 3 or more drinks of beer, liquor or wine almost every day? | | |
| I have tooth or mouth problems that make it hard for me to eat or swallow. | | |
| I don't always have enough money to buy the food I need | | |
| I eat alone most of the time. | | |
| I take 3 or more prescribed or over-the-counter drugs a day. | | |
| Without wanting to, I have lost or gained 10 pounds in the last 6 months. | | |
| I'm not always able to physically shop for food. | | |
| I'm not always able to physically cook. | | |
| I'm not always able to physically feed myself. | | |