Home Delivered Meals Application

Apply Online at www.homage.org
Mail to: Homage – Meals on Wheels
5026 196th St SW, Lynnwood, WA 98036
Phone: (425) 347-1229 or Toll Free: 1-800-824-2183
Fax: (425) 355-6875

Applicant Information

Name:_____ Birthdate:_____
First MI Last

Street Address:_____ Spc/Apt #_____

City (In Snohomish Cty)_____ Zip:_____

Name of Apartment/Housing Complex: _____

Phone: _____ Email Address: _____

Names of other MOW clients/applicants in household: _____

(Please note: An application is required for each person applying for the program.)

Emergency Contact

Contact Name: _____ Phone: _____

Relationship to applicant: _____ Email: _____

Contact Instructions

☐ Call Applicant ☐ Call Contact - Name: _____ Phone: _____

Do you need interpreter services? ☐ Yes ☐ No If yes, what language? _____

Is there anything else we should know when contacting you? _____

Reason for Needing Meals (check all that apply)

☐ I am unable to leave my home without assistance
☐ I have limited access to food or shopping
☐ I have limited personal support
☐ I have difficulty preparing meals

**To be eligible for grant paid services, an individual needs to meet the following criteria: Age 60 or older, homebound, unable to prepare meals, difficulty performing activities like bathing, dressing, or shopping, and does not have an informal support system. Those under 60 may utilize the program but would be required to pay for the meals.

Health Information (check all that apply)

☐ Alzheimers
☐ Anemia
☐ Anxiety
☐ Arthritis
☐ Broken Bone
☐ Cancer
☐ Constipation
☐ Dementia
☐ Depression
☐ Diabetes
☐ Diarrhea
☐ Edema
☐ Gastrointestinal
☐ Hearing Loss
☐ Heart/Vascular
☐ Hypertension
☐ Infection
☐ Kidney
☐ Liver
☐ Mental Health
☐ Nausea/Vomiting
☐ Osteoporosis
☐ Overweight
☐ Parkinsons
☐ Poor Appetite
☐ Respiratory/ Oxygen
☐ Sight Problems
☐ Speech Problems
☐ Stroke
☐ Substance Abuse
☐ Underweight
☐ Other_____

Please complete both sides of this form. A staff member will contact you to discuss the program and eligibility requirements.

Nutrition & Functional Information

Do you have an illness or condition that has changed the way you eat (such as diabetes, high blood pressure, etc)? ☐ Yes ☐ No
Do you eat fewer than 2 meals a day? ☐ Yes ☐ No
Do you eat less than 2-3 servings of fruits, vegetables, and dairy per day? ☐ Yes ☐ No
Do you have 3 or more drinks of beer, liquor, or wine almost every day? ☐ Yes ☐ No
Do you have tooth or mouth problems that make it hard for you to eat? ☐ Yes ☐ No
Do you sometimes run out of money to buy food? ☐ Yes ☐ No
Do you eat alone most of the time? ☐ Yes ☐ No
Do you take 3 or more different medications or supplements per day? ☐ Yes ☐ No
Have you lost or gained 10 pounds in the last 6 months without trying? ☐ Yes ☐ No
Is it difficult for you to shop, cook, or feed yourself at times? ☐ Yes ☐ No

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

☐ Eating ☐ Walking ☐ Managing Medications ☐ Using the Phone
☐ Dressing ☐ Preparing Meals ☐ Managing Finances ☐ Transportation
☐ Bathing ☐ Shopping ☐ Doing Housework ☐ Transferring out of bed/chair
☐ Toileting

Is there anyone in your life who usually helps you out? ☐ Yes ☐ No
Do you use an assistance device like a cane, walker, or wheelchair? ☐ Yes ☐ No
Do you have any food allergies? ☐ Yes ☐ No
Do you have freezer space? ☐ Yes ☐ No
Do you have an oven or microwave? ☐ Yes ☐ No

Living Situation (check all that apply):

☐ Alone ☐ With Spouse ☐ With Relatives ☐ Caregiver ☐ Parent
☐ Pet Dog(s) ☐ Pet Cat(s) ☐ Pet Other ☐ Friend/Roommate ☐ Domestic Partner

Demographic Information

Gender: ☐ Female ☐ Male ☐ Non-Binary

Race - Ethnicity (check all that apply):

☐ American Indian/Alaska Native ☐ Asian/Asian American ☐ Hawaiian/Pacific Islander
☐ Black/African/African-American ☐ Hispanic/Latino ☐ White/Caucasian
☐ Other _____

Estimate your annual income:

One person household	Two person household	Three person household	Four person household
☐ $23,250 or less	☐ $26,600 or less	☐ $29,900 or less	☐ $32,200 or less
☐ $23,251 to $38,750	☐ $26,601 to $44,300	☐ $29,901 to $49,850	☐ $32,201 to $55,350
☐ $38,751 to $61,800	☐ $44,301 to $70,600	☐ $49,851 to $79,450	☐ $55,351 to $88,250
☐ $61,801 or more	☐ $70,601 or more	☐ $79,451 or more	☐ $88,251 or more

Are you a veteran of the U.S. Military? ☐ Yes ☐ No
Is your spouse a veteran of the U.S. Military? ☐ Yes ☐ No

How did you hear about our services? _____