

Lyons Meals on Wheels CLIENT APPLICATION (2021)

NAME _____ Date Started _____

ADDRESS _____ PROJECT HOMECOMING: (circle 1) YES NO

DISCHARGED FROM: _____

PHONE _____ EMAIL _____

Dietary Needs _____

Housing Assessment: LIVES ALONE W / SPOUSE OTHER (describe) _____

ROUTE _____ PAPER _____ ETHNICITY HISPANIC WHITE ASIAN GENDER

AGE/BIRTHDATE _____ NATIVE BLACK/AFRICAN AMERICAN

REASON FOR MEALS: _____ MONTHLY INCOME _____ CAN PAY _____

CRIMINAL RECORD _____

PETS IN HOME _____

DELIVERY INSTRUCTIONS: _____

CLIENT/SPOUSE A VETERAN? REFERRED BY _____

ORDERING SCHEDULE HOT/FROZENS: _____

HOME HEALTH PROVIDER? _____

DO YOU DRIVE? Y/N AUTOMOBILE COLOR AND TYPE _____

EMERGENCY CONTACTS

1) NAME _____ RELATIONSHIP _____ Key Holder? Y/N

DAYTIME PHONE _____ MOBILE _____ EMAIL _____

2) NAME _____ RELATIONSHIP _____ Key Holder? Y/N

DAYTIME PHONE _____ MOBILE _____ EMAIL _____

BILL TO: NAME _____

ADDRESS _____

EMAIL _____ PHONE _____

DATE OF APPLICATION _____ TAKEN BY _____