Lyons Meals on Wheels CLIENT APPLICATION

NAME_____ DATE STARTED_____

ADDRESS_____ PROJECT HOMECOMING*: (circle 1) YES NO*

_____ *DISMISSED FROM:*_____

PHONE_____ DIET_____

HOUSING ASSESSMENT *:____LIVES ALONE* _____

_____ *W / OTHER* _____ *W / SPOUSE* ROUTE_____ PAPER_____

ETHNICITY __ *HISPANIC__WHITE___ASIAN* GENDER _____ BIRTHDATE _____

___*NATIVE __BLACK/AFRICAN AMERICAN*

REASON FOR MEALS*:*_____ MONTHLY INCOME _____ABLE TO PAY_____

_____ CRIMINAL RECORD _____

_____ PETS IN HOME _____

DELIVERY INSTRUCTIONS:_____ CLIENT/SPOUSE A VETERAN ____

_____ WHO REFERRED YOU_____

ORDERING SCHEDULE HOT/FROZENS: HOME HEALTH PROVIDER_____

_____ DO YOU DRIVE? Y N

_____ AUTOMOBILE COLOR AND TYPE _____

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