

Meals On Wheels of Asheville & Buncombe Co.
146 Victoria Rd., Asheville, NC 28801
Ph. (828)253-5286 Fax (828)253-1497

APPLICATION FOR SERVICES

Applicant Name: _____

Address: _____ **Apt.#** _____
City: _____ **Zip:** _____ **Phone:** _____
Birth Date: _____ **Gender** _____ **Marital Status:** M W S D
SS#: _____ **Ethnic Origin:** White Black Hispanic
(Circle) Asian American Indian Other

Referred by: Name: _____ **Phone:** _____ **Date:** _____
Organization: _____ **Fax:** _____

Local Emergency Contact:
Name _____ **Relationship** _____ **Phone (H):** _____ **Phone (W):** _____
1) _____
2) _____

Family Contact: _____
Address: _____
Phone: _____

Diagnosis & Physical Limitations: _____

Is applicant oriented? Y N **Does Applicant Drive?** Y N
Does applicant live alone? Y N **If not, explain:** _____

Other services: _____ **Home Health** _____ **Mental Health** _____ **DSS** _____
_____ **In-Home Aide(PCS)** _____ **Housekeeping Assistance** _____

Directions to home, including nearest major cross street: _____

Meals On Wheels Office Use Only

Diet: Regular _____ Diabetic _____ Vegetarian _____
Whole Milk _____ Skim Milk _____ Buttermilk _____ Juice _____ None _____

Meal Delivery: Daily _____ Other: M T W TH F (Circle)
Weekend Frozens _____ Ensure _____ Pets _____

Start Date: _____ **Recipient can pay \$** _____ **/per meal** **Route:** _____

Bill To: Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____