

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:** \_\_\_\_\_