

Meals On Wheels of Asheville & Buncombe Co.

146 Victoria Road, Asheville, NC 28801

(828) 253-5286, (828) 253-1497 fax

Application for Services

Applicant Name: _____
Address: _____ Apt # _____
City: _____ Zip: _____ Phone: _____
Birthdate: _____ Gender: M F Marital Status: M W S D
SS# _____ Income \$ _____ Ethnic Origin: White Black Hispanic
Asian Amerindian (circle)

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

Emergency Contact

	Name	Relationship	Phone(h)	Phone(w)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Applicant's Physician: Name: _____ Office: _____ Phone: _____

Diagnosis & Physical Limitations (slow to answer door, hard of hearing, etc.):

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

Directions to home, including nearest major cross street: _____

Diet: Regular _____ Diabetic _____ Vegetarian _____
Beverage: whole milk _____ buttermilk _____ skim milk _____ juice _____ NB _____

Meal Delivery: Daily _____ Other M T W Th F (circle)
Canned goods for snow days (=5 meals) _____ Frozen holiday meals _____
Weekend frozens _____ NS _____

* This application is not valid without signed client registration form.

Meals On Wheels Office Use Only

Start date: _____ Recipient can pay \$ _____ Route: _____
Bill to: Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____