**MEALS ON WHEELS OF CHEMUNG COUNTY**

**409 William St., Elmira, NY 14901**

**Phone: 607-734-9535 / Fax 607-734-5267**

**Website: mealsonwheelschemung.org / email: info@mealsonwheelschemung.org**

**Eligibility:** Participant must be a resident of Chemung **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

County, homebound (physically unable to go to a **START DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

nutrition site), physically incapable of preparing own **ROUTE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

meals, or lack the facilities to do so.

**PARTICIPANT'S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARTICIPANT'S ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_SEX\_\_\_\_\_\_\_**

**SPECIAL DRIVER INSTRUCTIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOOD ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WOULD YOU LIKE YOUR BILL EMAILED? \_\_\_\_\_\_**

**REASON FOR NEEDING MOW: DAYS SERVED: SPECIAL DIET:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M T W TH F S S INSULIN? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOT HOT & COLD PETS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **REQUEST COUNSELING? \_\_\_\_\_\_ FRIENDLY VISITOR PROGRAM? \_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REQUESTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AMOUNT TO PAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRIVATE/SELF PAY? \_\_\_\_ OFA TO ASSESS? \_\_\_\_**

**$6.00 for a hot meal & $10.00 for a hot meal & cold light supper**

**BILL TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**NEXT OF KIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**DEMOGRAPHICS**

**WHITE\_\_\_\_\_\_\_\_ MARITAL STATUS S M W D MENTALLY CONFUSED Y N**

**ASIAN\_\_\_\_\_\_\_\_ LIVES ALONE Y N ENGLISH SPEAKING Y N**

**HISPANIC\_\_\_\_\_\_\_ VETERAN Y N MEDICAID Y N**

**AFRICAN AMERICAN \_\_\_\_\_\_\_\_ MOBILITY AIDS USED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NATIVE AMERICAN \_\_\_\_\_\_\_\_ ASSISTANCE NEEDED TO EVACUATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MODE OF TRANSPORTATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**NUTRITIONAL AT RISK SCREENING**

\_\_\_\_\_ I HAVE AN ILLNESS OR CONDITION THAT CHANGED MY DIET.

\_\_\_\_\_ I EAT FEWER THAN 2 MEALS A DAY.

\_\_\_\_\_ I EAT FEW FRUITS/VEGETABLES A DAY.

\_\_\_\_\_ I EAT FEW DAIRY PRODUCTS A DAY.

\_\_\_\_\_ I HAVE 3 OR MORE ALCOHOLIC DRINKS A DAY.

\_\_\_\_\_ I HAVE TEETH OR MOUTH PROBLEMS THAT MAKE IT DIFFICULT TO EAT.

\_\_\_\_\_ I DON’T ALWAYS HAVE ENOUGH MONEY TO BUY THE FOOD I NEED.

\_\_\_\_\_ I EAT ALONE MOST OF THE TIME.

\_\_\_\_\_ I TAKE 3 OR MORE PRESCRIBED OR OTC DRUGS PER DAY.

\_\_\_\_\_ WITHOUT WANTING TO, I HAVE LOST OR GAINED 10 POUNDS IN THE PAST 6 MONTHS.

\_\_\_\_\_ I AM NOT ALWAYS PHYSICALLY ABLE TO SHOP, COOK AND/OR FEED MYSELF.

**IF YOU ARE APPLYING FOR SOMEONE OTHER THAN YOURSELF,**

**PLEASE PROVIDE THE INFORMATION BELOW:**

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

**PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**