

Terre Haute Meals on Wheels

Recipient Application

Date of Application: _____

New to Program: Yes/No

Recipient Name: _____

Address: _____ Zip Code _____

Phone #: _____ Birthdate: _____ Gender: Male/Female

May we share your phone number with our drivers? Yes / No

Ethnicity: White / Asian / Am Indian / Black (not Hispanic) / Hispanic / Other

Veteran Status: Veteran / Dependent of a Veteran / Not a Veteran

Meals

Start Date: _____ First Payment Details: _____

Payment type: Monthly / Weekly / Other _____

Paid By: Client / Other _____ Monthly Invoice: Physical / Email

Meal Choices: Hot/Cold _____ (\$5.50) Address if different or Email _____

Hot Only _____ (\$4.00) _____

Cold Only _____ (\$2.50) _____

Diet Type: Regular / Diabetic / Low Sodium / Low Cholesterol / Other

Drink Type: Milk / Juice _____

Days of Delivery: Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____

of Extra Friday Meals _____

Diet Preference/Allergies: _____

Emergency Contact: Name _____ Phone _____

Relation to Recipient _____

Physician: _____ Phone _____

Intake Notes:

Delivery Notes:

Application Taken by: _____ Made by: _____