



Meals on Wheels

Application



Please use a separate application for each person!



Name _____ Birth Date _____

Street Address _____ Phone _____

Emergency Contact Name _____ Phone _____

Reason you are applying (*please circle*):

Income
Restriction

Unable to
Prepare Meal

Disabled or
Homebound

Surgery or
Illness

Other

Best location for us to drop off the meal (side door, front door, etc.) _____

List any food allergies: _____

List any food you will not eat: _____

I would like meals (please check): Monday through Friday _____ or Only Monday and Thursday _____

If you live alone, check here [] Or, list other household members below:

<u>Name</u>	<u>Relationship To You</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____



My signature below confirms that all information submitted is true. I understand that changes to my household may be cause for disqualification from the program. I further agree to pay \$7.00 per meal (or \$5.00 if I show current year proof for the HEAP discount) and make this payment on Friday of each week or on a monthly basis.

Applicant Signature

Date

Return to the *Community Services office* or mail to *Meals On Wheels, 233 Tuxedo Ave., BH, 44131*



Date Rec'd _____	CSD Approval _____	Start Date _____	End Date _____
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