



**FOR OFFICE USE ONLY**

Date of Application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Route  
Number: \_\_\_\_\_ District: \_\_\_\_\_

**FEED MORE'S MEALS ON WHEELS APPLICATION**

Feed More's Meals on Wheels provides home delivered meal services to **homebound** individuals with no reliable means of getting groceries or safely preparing meals, regardless of the individual's ability to pay. To be eligible, applicants must:

- Be 18 years or older
- Be homebound\* and unable to meet basic nutritional needs\*\* either temporarily or long term
- Have no other reliable means of obtaining your daily meals
- Reside in the cities of Richmond, Petersburg, Colonial Heights or Hopewell, or the counties of Charles City, Chesterfield, Dinwiddie, Goochland, Hanover, Henrico, Louisa, New Kent, Powhatan or Prince George

*\* Definition of "homebound": Unable to leave the home without considerable difficulty and/or assistance. A person may leave home for medical treatment or short, infrequent absences for non-medical reasons, such as a trip to the barber or religious services.*

*\*\* Definition of "unable to meet basic nutritional needs": Unable to prepare/have difficulty preparing at least one nutritious meal daily because of physical or mental limitations, or unable to obtain/have difficulty obtaining necessary food.*

**APPLICANT INFORMATION (only one person per application, please)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. # City Zip

County \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_

**How did you hear about us?**

Friends/Family \_\_\_ Healthcare/Community Services Provider \_\_\_ Residential Complex \_\_\_ Radio/TV/Social \_\_\_

**REFERRAL INFORMATION (Agency or individual filling out application):**

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Agency name (if applicable) \_\_\_\_\_

Is applicant aware of and agree to this referral? Yes \_\_\_No\_\_\_ Is the applicant in hospice care? Yes \_\_\_No\_

**APPLICANT NEEDS ASSESSMENT**

*Please tell us about the meal recipients nutritional needs, physical condition and reliance on others.*

What type of therapeutic diet does the recipient require?

*Please note, all Feed More's Meals on Wheels diets have no salt added and are heart healthy.*

General/ Regular \_\_\_\_\_ Bland \_\_\_\_\_ Diabetic \_\_\_\_\_ Renal \_\_\_\_\_

Renal/ Diabetic \_\_\_\_\_ Pureed \_\_\_\_\_ Soft \_\_\_\_\_ Vegetarian \_\_\_\_\_

Does the applicant have any severe food allergies? \_\_\_\_\_

What is the reason for needing our meals service? Please describe physical condition:

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Is applicant homebound? (Please see homebound guidelines above) Yes \_\_\_\_\_ No \_\_\_\_\_

Without wanting to, has the applicant lost weight recently? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the recipient have any of the following disabilities?

Speech \_\_\_\_\_ Respiratory (on oxygen) \_\_\_\_\_ Hearing \_\_\_\_\_ Visual \_\_\_\_\_ None \_\_\_\_\_

Please describe the applicant's level of mobility.

Ambulatory/able to walk \_\_\_\_\_ Uses a wheelchair \_\_\_\_\_ Uses a cane or walker \_\_\_\_\_ Bedridden \_\_\_\_\_

Does the applicant currently receive home health services? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the applicant's living arrangements?

Lives alone \_\_\_\_\_ Lives with relative(s) \_\_\_\_\_ Lives with spouse/partner \_\_\_\_\_ Other \_\_\_\_\_

Please check any and all appliances that currently work in the home.

Microwave \_\_\_\_\_ Oven \_\_\_\_\_ Refrigerator \_\_\_\_\_ Freezer \_\_\_\_\_

Does the applicant drive? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant depend on any of the following for transportation?

Van service \_\_\_\_\_ Public Transportation \_\_\_\_\_ Family/Friends \_\_\_\_\_

Other (please list) \_\_\_\_\_

### **EMERGENCY CONTACT**

*Please list those we can discuss the recipient's well-being with or contact for emergency purposes.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

### **MEALS FOR PETS PROGRAM**

*Feed More's Meals on Wheels has a Meals for Pets Program! Pet food, when available, is delivered once a month during regular meal delivery. All pet food is donated and free of charge.*

Do you need pet food delivered? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of pets \_\_\_\_\_ dog(s) \_\_\_\_\_ cat(s)

### **COST OF MEAL SERVICE**

*Feed More's Meals on Wheels service fee is either \$6 or \$11, based on the level of service associated with meal delivery. A limited number of sponsorship opportunities are available through Senior Connections, Jefferson Area Board for Aging (JABA), Crater District Area Agency on Aging and directly through Feed More. Applicants may request a reduced or waived service fee and will be required to provide additional information to support their request. No one will be turned away based on income.*

Would you like Meals on Wheels to evaluate you for a reduced fee? Yes \_\_\_\_\_ No \_\_\_\_\_

**By completing this form, applicant certifies that consent is given for Feed More's Meals on Wheels to share information with partner agencies.**

**Please mail completed application to:**

Feed More's Meals on Wheels  
1415 Rhoadmiller Street Richmond, VA 23220  
Phone: (804) 673-5035 | Fax: (804) 673-5045  
ClientServices@FeedMore.org