



FEED MORE'S MEALS ON WHEELS APPLICATION

Feed More's Meals on Wheels program provides home delivered meal services to individuals who are 60 and older, **homebound** and have no reliable means of getting groceries and safely preparing meals. Individuals under 60 may qualify in certain situations. Please contact our office at 804-673-5035 for more information before applying. This service is available regardless of the individual's ability to pay. This application can also be completed online at <http://feedmore.org/meals-on-wheels/>

To be eligible applicants must:

- Be 60 years or older.
- Be homebound **and** unable to meet nutritional needs either temporarily or long term
 - **Homebound Status:** Please check all that apply
 - ☐ I am unable to leave my home
 - ☐ I leave home for appointments with assistance
 - **Unable to meet basic nutritional needs:** *Please check all that apply*
 - ☐ I have a caregiver (family/friend) or personal care aide who is **unable** to prepare meals
 - ☐ I have a caregiver (family/friend) or personal care aide who prepares meals.
 - ☐ I have no other reliable way to obtain daily meals

If you are not homebound and you have a caregiver who prepares meals, you do not meet eligibility requirements and you should not proceed with the application. If you'd like to be connected to other food programs in your area or would like SNAP application assistance, please call the Feed More Help Line at 804- 237-8617 (pantry/soup kitchen locations), 804-822-4114 (SNAP application assistance) or go to www.feedmore.org/helpline.

- 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.

Note: Other household members may be eligible including disabled children and minors for whom the applicant provides primary care, and spouses.

Once your application is received in our office, we will send you a confirmation letter by mail or by email (if an email address is provided). You must contact our office to schedule an intake phone call within 14 days of the confirmation letter or your application will be closed.

APPLICANT INFORMATION (only one person per application please)

Name: _____ Date of Birth ____/____/____
Address: _____ City: _____ ST: _____ Zip Code: _____
County _____ Phone: _____
Email: _____ Gender: ____ Race/Ethnicity: _____ Veteran Status: ____ Yes ____ No

REFERRAL INFORMATION (Agency or Individual filling out application):

Name: _____ Relationship to applicant: _____
Phone: _____ Agency Name (if applicable): _____
Address: _____ City _____ Zip Code: _____
Email: _____

Is the applicant aware of and do they agree to this referral? ____ Yes ____ No

Who should receive the confirmation letter to schedule an intake phone call:

____ Applicant ____ Referral contact ____ Emergency contact

EMERGENCY CONTACT

Please list contacts with whom the applicant's well-being can be discussed, or contacted for emergency purposes.

Name: _____ Relationship: _____ Phone: _____
Address: _____ City _____ Zip Code: _____
Name: _____ Relationship: _____ Phone: _____
Address: _____ City _____ Zip Code: _____

COST OF MEAL DELIVERY

Feed More's Meals on Wheels service fee is assessed based on the applicant's income and monthly expenses, using a sliding scale. A limited number of sponsorship opportunities are available through the Span Center, the Crater District Area Agency on Aging, or directly through Feed More. Meals on Wheels also accepts SNAP (also known as food stamps) for payment. 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.

Do you receive SNAP Benefits? ____ Yes (\$_____ Amount) ____ No

Do you receive Medicaid Benefits? ____ Yes _____ No

Estimated Monthly Income: \$_____ Estimated Monthly Expenses: \$_____

Please mail your completed application to:

Feed More's Meals on Wheels
8020 Villa Park Drive
Henrico, VA 23228

What happens next? By completing this form, applicant certifies that consent is given for Feed More's Meals on Wheels to share information with partner agencies. Applicant may be contacted by a partner agency to be screened for home delivered meals. Once the application is received you will receive a confirmation letter. You must contact our office to schedule an intake screening. During this phone call you will be asked to provide information related to your health, dietary needs, and financial information including an estimate of your monthly income and expenses. Following this initial assessment, a case manager will either make a referral to the appropriate partner agency or proceed with scheduling a home visit to finalize the application. **If you'd like to be connected to other food programs in your area or would like SNAP application assistance, please call the Feed More Help Line at 804-237-8617 (pantry/soup kitchen locations), 804-822-4114 (SNAP application assistance) or go to www.feedmore.org/helpline.**