



Please Describe Physical Condition (Reason for Needing Meals):

Is applicant homebound? (see Homebound Guidelines on other side): Yes\_\_\_\_ No\_\_\_\_

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

Does the recipient have any of the following disabilities?

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

Please describe the applicant's level of mobility.

Ambulatory- able to walk\_\_\_\_ Uses a wheelchair\_\_\_\_ Uses a cane/ walker\_\_\_\_ Is bedridden\_\_\_\_

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

What is the applicant's living arrangement?

Lives alone\_\_\_\_ Lives with relative(s)\_\_\_\_ Lives with Spouse/ Partner\_\_\_\_ Other\_\_\_\_

Please check any 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\_\_\_\_ Friends/ Family\_\_\_\_

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 is happy to offer a Meals for Pets Program. Pet food, when available, is delivered once a month during regular meal delivery for a recipient. All pet food is donated and free of charge.*

Do you need pet food delivered? Yes\_\_\_\_ No\_\_\_\_ Number of Pets: \_\_\_\_ Dog(s) \_\_\_\_ Cat(s)

### **FEE INFORMATION**

*Cost of Feed More's Meals on Wheels is based on the ability to pay. Applicants requesting a reduced fee will be required to provide additional information so we can determine a fee that is affordable within your budget. The full cost of a main meal is \$6.00 per meal. The full cost of a second meal is \$5.00 per meal.*

Would you like Meals on Wheels to work with you on a reduced fee? Yes\_\_\_\_ No\_\_\_\_

Please send Monthly bill to:

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

Address\_\_\_\_\_

Street

Apt. #

City

Zip

Please mail 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