Home Delivered Meals Application

Date_____ Route #_____

Homage Senior Services - Nutrition Program
5026 196th St SW Lynnwood, WA 98036
(425) 347-1229 1-800-824-2183 FAX (425) 355-6875

Please complete both sides of this form.
A staff member will contact you soon to discuss the program and eligibility requirements.

PARTICIPANT INFORMATION

Name_____ Birthdate_____
First MI Last

Street Address_____ Sp/Apt #_____

City_____ Zip_____ Phone_____

Name of Apartment/Housing Complex: _____

Special driving instructions:_____

_____

Male ☐ Female ☐ Last 4 digits of Social Security #_____

Email Address: _____

EMERGENCY INFORMATION – By submitting this application, I authorize Homage Senior Services to share, release, or obtain information from the following contacts, including health care providers listed.

Contact Name_____ Home Phone_____

Work Phone_____ Relationship to you_____

Physician's Name_____ Phone_____

Reason for Needing Meals on Wheels (Check one)
☐ Temporarily Homebound (convalescing) ☐ Homebound some days, but not others
☐ Long term Homebound

*__To be eligible for services, an individual needs to meet the following criteria: Homebound with limited personal support, unable to prepare their own meals, unable to perform routine activities of daily living, age 60 or older (young people may qualify if all other criteria are met)__
*Clearly describe the problem causing you to need this service: _____
_____
_____

Functional Status Do you need help with any of the following? (check all that apply)

☐ Bathing	☐ Transferring	☐ Preparing meals	☐ Managing money
☐ Dressing	☐ Walking	☐ Shopping	☐ Heavy housework
☐ Eating	☐ Toileting	☐ Light housework	☐ Using the phone
		☐ Managing medication	☐ Transportation

PERSONAL INFORMATION
Are you a veteran? ☐ Yes ☐ No ☐ Veteran Dependent
Were you previously employed by a company in Snohomish County? ☐ Yes ☐ No
If yes, which company? _____
How did you hear about us? _____
Referral made by: _____Phone: _____ Date: _____

Ethnic background (check all that apply)

☐ White ☐ Hispanic ☐ Japanese ☐ Black
☐ Filipino ☐ Korean ☐ Pacific Islander ☐ American Indian
☐ Chinese ☐ Other (specify) _____

Do you speak and/or understand English? ☐ Yes ☐ Limited ☐ Other _____

Living Situation ☐ Alone ☐ with Spouse ☐ Pets _____
☐ with Relatives ☐ Other (Name) _____

How many people are in your household? (Please circle one)
☐ ONE ☐ TWO ☐ THREE or more

What is Your Household's Monthly Income? $ _____

Medical Conditions (check all that apply)

☐ Alzheimers ☐ Depression ☐ Infection ☐ Poor Appetite
☐ Anemia ☐ Diabetes ☐ Kidney ☐ Respiratory/ Oxygen
☐ Anxiety ☐ Diarrhea ☐ Liver ☐ Sight Problems
☐ Arthritis ☐ Edema ☐ Mental Health ☐ Speech Problems
☐ Broken Bone ☐ Gastrointestinal ☐ Nausea/Vomiting ☐ Stroke
☐ Cancer ☐ Hearing Loss ☐ Osteoporosis ☐ Substance Abuse
☐ Constipation ☐ Heart/Vascular ☐ Overweight ☐ Underweight
☐ Dementia ☐ Hypertension ☐ Parkinsons
☐ Other_____

Height_____ Weight_____ Usual Body Weight_____

Eating Habits (check all that apply)

I am on a special diet. ☐ Yes ☐ No (If yes, what? _____)
Do you have freezer space? ☐ Yes ☐ No
Do you have an oven or microwave? ☐ Yes ☐ No

DETERMINE YOUR NUTRITIONAL RISK (check all that apply)

	Yes		**No**
I have an illness or condition that made me change the kind and/or amount of food I eat (such as diabetes, high blood pressure, etc).		2	
I eat fewer than 2 meals per day.		3	
I eat few fruits, vegetables or milk products.		2	
I have 3 or more drinks of beer, liquor or wine almost every day.		2	
I have tooth or mouth problems that make it hard for me to eat or swallow.		2	
I don't always have enough money to buy the food I need.		4	
I eat alone most of the time.		1	
I take 3 or more different prescribed or over-the-counter drugs a day.		1	
Without wanting to, I have lost or gained 10 pounds in the last 6 months.		2	
I am not always able to physically (check all that apply) ☐ shop for food ☐ cook ☐ feed yourself		2	