

Home Delivered Meals Application

Senior Services of Snohomish County Nutrition Program
8225 44th Ave W Suite O Mukilteo WA 98275
(425) 347-1229 1-800-824-2183 FAX (425) 290-5445

Date _____ Route # _____

**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

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 : Age 60 or older, homebound, unable to prepare meals, difficulty performing activities like bathing, dressing, and shopping, and does not have an informal support system.**

*Clearly describe the physical problem causing you to need this service: _____

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

- | | | | |
|-----------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Transferring | <input type="checkbox"/> Preparing meals | <input type="checkbox"/> Managing money |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Walking | <input type="checkbox"/> Shopping | <input type="checkbox"/> Heavy housework |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Toileting | <input type="checkbox"/> Light housework | <input type="checkbox"/> Using the phone |
| | | <input type="checkbox"/> Managing medication | <input type="checkbox"/> Transportation |

PERSONAL INFORMATION

Are you a veteran? Yes No If yes, which Branch? _____

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 one)

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

Do you speak and/or understand English? Yes No Limited

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

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

What is Your Household's Monthly Income? \$ _____

Medical Conditions (check all that apply)

- Alzheimers Diabetes Infection Poor Appetite
- Anemia Diarrhea Kidney Respiratory/ Oxygen
- Arthritis Edema Liver Sight Problems
- Broken Bone Gastrointestinal Nausea/Vomiting Speech Problems
- Cancer Hearing Loss Osteoporosis Stroke
- Constipation Heart/ Vascular Overweight Substance Abuse
- Depression Hypertension Parkinsons Underweight
- 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
Have you made changes in lifelong eating habits because of health problems? (such as diabetes, high blood pressure, etc)?	2	
Do you eat less than 2 meals per day?	3	
Do you eat less than 1 cup of fruit and 1 1/2 cups of vegetables per day?	1	
Do you eat less than 3 cups of dairy products (such as milk, yogurt, cheese) per day?	1	
Do you have problems with your teeth, mouth or gums that make it difficult to eat or swallow?	2	
Do you eat alone most of the time?	1	
Are there times when you don't have enough money to buy food?	4	
Do you have 3 or more drinks of beer, liquor or wine almost every day?	2	
Do you take 3 or more prescribed or over the counter drugs a day?	1	
Have you lost or gained 10 pounds in the last 6 months without wanting to?	2	
Are there times when you are not physically able to (check all that apply) <input type="checkbox"/> shop for food <input type="checkbox"/> cook <input type="checkbox"/> feed yourself	2	