Home Delivered Meals Application

Senior Services of Snohomish County Nutrition Program
8221 44th Ave W Suite E Mukilteo WA 98275
(425) 347-1229 1-800-824-2183 FAX (425) 290-5445

Date_________ Route #_____

Please complete both sides of this form for each eligible person and return to address at left.

PARTICIPANT INFORMATION

Name____ Birthdate______________________
First MI Last

Street Address_______________________________________ Sp/Apt #_______________

City___________________________ Zip_____________ Phone__________________

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

If your home is difficult to find, please give directions:

Name of Apartment/Housing Complex____

EMERGENCY INFORMATION

Contact Name__________________________________ Home Phone_______________

Work Phone_____________________ Relationship to you_________________________

Physician's Name_______________________________ Phone_____________________

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

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

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 If yes, which Branch? ______________________________

Were you previously employed by a company in Snohomish County? ☐ Yes ☐ No
If yes, which company? ____

Referral made by: _______________________________ Phone________________________
Agency ____
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

Monthly Income (check one)

ONE Person Household ☐ Below $738 ☐ Above $738
TWO Person Household ☐ Below $995 ☐ Above $995
THREE Person Household ☐ Below $1252 ☐ Above $1252

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 5 servings (1/2 cup each) of fruit and vegetables per day?		1	
Do you eat less than 2 servings 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) ☐ shop for food ☐ cook ☐ feed yourself		2	

------------------------------Office Use Only------------------------------

App Rec'd_______ MOW Started______ Approv for Service_______ Init'l Assess______ CI contacted_______