



FOR OFFICE USE ONLY

Date of Application _____/_____/_____

Route Number: _____ District: _____

MEALS ON WHEELS APPLICATION

FeedMore's Meals on Wheels provides home delivered meals to **homebound** individuals with no reliable means of getting groceries or safely preparing meals, regardless of ability to pay. To be eligible, applicants must:

- Be over the age of 18
- Be homebound* and unable to meet basic nutritional needs** either temporarily or long term
- Have no other reliable means of obtaining your daily meals
- Reside in our service area (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)

* Definition of "homebound": Unable to leave the home without considerable difficulty and/or assistance. A person may leave home for medical treatment or short, infrequent absences for non-medical reasons, such as a trip to the barber or religious services.

** Definition of "unable to meet basic nutritional needs": Unable to prepare/have difficulty preparing at least one nutritious meal daily because of physical or mental limitations, or unable to obtain/have difficulty obtaining necessary food.

APPLICANT INFORMATION (only one person per application, please)

Name _____ Date of Birth: ____/____/_____

Address _____

Street

Apt. #

City

Zip

County _____ Phone _____ Email _____

Gender _____ Race: _____ Do you live alone? Yes ___ No ___

REFERRAL INFORMATION (Agency/Individual Filling Out Application):

Name _____ Relationship to Applicant _____

Phone _____ Fax _____

Agency Name (if applicable) _____

***Is applicant aware of and agree to this referral? Yes ___ No ___

APPLICANT NEEDS ASSESSMENT

Please tell us about the meal recipients nutritional needs, physical condition and reliance on others for needs. This information will help our Client Services team assess the individual for care needs.

What type of therapeutic diet does the recipient require? All diets have no salt added and are heart healthy.

General/ Regular _____ Bland _____ Diabetic _____ Renal _____

Renal/ Diabetic _____ Pureed _____ Soft _____ Vegetarian _____

Does the applicant have any severe food allergies? _____

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 _____ Over _____ 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

FeedMore'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 FeedMore'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

FeedMore's Meals on Wheels, 1415 Rhoadmiller St., Richmond, VA 23220

Phone: (804) 673-5035, FAX (804) 673-5045

ClientServices@FeedMore.org