



DATE _____ NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NUMBER(S) _____ GENDER _____

ADDITIONAL NOTES CONCERNING DELIVERY (doorbell doesn't work, go to side door, etc):

DOES RECIPIENT HAVE ACCESS TO A VEHICLE? Yes No

IS RECIPIENT HOMEBOUND? Yes No

If not homebound, stop application and seek info for the Liberty Silver Center – 816-439-4368.

REASON FOR HOME DELIVERED MEALS _____

BEVERAGE CHOICE (select one) whole milk skim milk 2% milk chocolate milk (not recommended for diabetics) apple juice orange juice cranberry juice *skim milk is required for recipients whose meals are subsidized*

REQUEST MEALS ON THE FOLLOWING DAYS Mon. Tues. Wed. Thurs. Fri.

MOBILITY ambulatory wheelchair walker or cane

LIVING CONDITIONS reside with spouse reside alone reside with relative/friend

PETS? VETERAN? yes no SPOUSE OF A VETERAN? yes no

APPROX. HOUSEHOLD MONTHLY INCOME \$ _____

EDUCATION LEVEL 8th grade or less 9-11th grade 12th grade 1-3 years college 4 years college Master's Degree Doctorate Degree

RACE African American Asian Hispanic Native American/Alaskan Native Hawaiian/Other Pacific Islander Other White

SEND BILL TO _____

HOW DID YOU HEAR ABOUT OUR PROGRAM? _____

EMERGENCY CONTACT (Family, friend, neighbor, etc to call if we are unable to get ahold of you)

NAME _____ ADDRESS _____

PHONE NUMBER(S) _____ RELATION _____

NAME _____ ADDRESS _____

PHONE NUMBER(S) _____ RELATION _____

Please send completed form to:

Meals on Wheels || 1600 S. Withers Rd. Liberty, MO 64068 || Email: mealsonwheels@libertymo.gov Office: 816-439-4398 || Fax: 816-439-4377