

MEALS ON WHEELS OF CHEMUNG CO.

Eligibility: Participant must be a resident of Chemung County, homebound (physically unable to go to a nutrition site), physically incapable of preparing own meals, or lack the facilities to do so.

DATE: _____
START DATE: _____
ROUTE: _____

PARTICIPANT'S NAME _____ **PHONE** _____

PARTICIPANT'S ADDRESS _____ **ZIP** _____ **SEX** _____

SPECIAL DRIVER INSTRUCTIONS: _____

FOOD ALLERGIES: _____ **MONTHLY INCOME:** _____ **DOB:** _____

EMAIL ADDRESS: _____ **WOULD YOU LIKE YOUR BILL EMAILED?** _____

REASON FOR NEEDING MOW: _____ **DAYS SERVED:** _____ **DIET:** _____

_____ **M T W TH F S S** **INSULIN?** _____

_____ **HOT HOT & COLD** **PETS?** _____

REQUEST COUNSELING? _____

EMERGENCY CONTACT: _____ **PHONE:** _____

RELATIONSHIP TO PARTICIPANT: _____

DOCTOR: _____ **REQUESTED BY:** _____

AMOUNT TO PAY: _____ **PRIVATE/SELF PAY?** _____ **OFA TO ASSESS?** _____

\$5.00 hot meal \$7.75 for a hot meal & cold light supper

BILL TO: _____

NEXT OF KIN: _____ **ADDRESS:** _____

PHONE: _____

DEMOGRAPHICS

WHITE _____ **MARITAL STATUS?** S M W D **MENTALLY CONFUSED?** Y N

BLACK _____ **LIVES ALONE?** Y N **ENGLISH SPEAKING?** Y N

HISPANIC _____ **VETERAN?** Y N

NAT. AM. _____ **MOBILITY AIDS USED:** _____

ASIAN _____ **ASSISTANCE NEEDED TO EVACUATE:** _____

MODE OF TRANSPORTATION: _____

COMMENTS: _____

NUTRITIONAL AT RISK SCREENING

- _____ I HAVE AN ILLNESS OR CONDITION THAT CHANGED THE MY DIET.
- _____ I EAT FEWER THAN 2 MEALS A DAY.
- _____ I EAT FEW FRUITS/VEGETABLES A DAY.
- _____ I EAT FEW DAIRY PRODUCTS A DAY.
- _____ I HAVE 3 OR MORE ALCOHOLIC DRINKS A DAY.
- _____ I HAVE TEETH OR MOUTH PROBLEMS THAT MAKE IT DIFFICULT TO EAT.
- _____ I DON'T ALWAYS HAVE ENOUGH MONEY TO BUY THE FOOD I NEED.
- _____ I EAT ALONE MOST OF THE TIME.
- _____ I TAKE 3 OR MORE PRESCRIBED OR OTC DRUGS PER DAY.
- _____ WITHOUT WANTING TO, I HAVE LOST OR GAINED 10 POUNDS IN THE PAST 6 MONTHS.
- _____ I AM NOT ALWAYS PHYSICALLY ABLE TO SHOP, COOK AND/OR FEED MYSELF.