



Meals on Wheels of Durham, Inc.

REFERRAL FORM

Please PRINT or TYPE information, then FAX or MAIL form to:
Meals on Wheels of Durham, Inc.
406 Rigsbee Ave., Ste. 101, Durham, NC 27701
Fax: (919) 667-9458, Phone: 919-667-9424

CLIENT NAME _____ TEL # _____

CLIENT SEX Male / Female (circle one)

DATE OF REFERRAL _____ ROUTE _____

REFERRED BY _____ TEL # _____

CLIENT ADDRESS _____
Apt/House # _____ Street Name _____ City _____ Zip _____

DIRECTIONS TO HOME _____

CLIENT SSN _____ DOB _____ RACE _____

NEED FOR SERVICE (Check all that apply)

TOTAL MONTHLY INCOME

(Please check all that apply)

- _____ Homebound \$ _____
- _____ Living alone
- _____ Unable to shop
- _____ Unable to cook
- _____ Protective services

Will client need our services on a long term basis? Yes / No (circle one)

*****DIAGNOSIS/ MEDICAL PROBLEMS:** (List in DETAIL below)

Medical Diagnosis: _____

Vision _____ Hearing _____ Mobility _____ Limbs _____
 Memory _____ Other _____
 Diabetic _____ Obesity _____ Malnourished _____
 Any Problems with: Chewing _____ Swallowing _____ Speech _____

DOCTOR NAME _____ TEL # _____

HOSPITAL _____

EMERGENCY CONTACTS:

Name _____ TEL # _____

Address _____ State _____ ZIP _____

Name _____ TEL # _____

Address _____ State _____ ZIP _____

Billing

DSS Caseworker _____ TEL # _____

Home Assessment _____

good***** DATE Meals On Wheels Will Start Service
