MEALS on WHEELS DURHAM

Application for Services

Program Type

Which type of program are you interested in? Check all that apply.

- ☐ Self-Pay — No Waiting List (Check, credit card, or cash accepted. $5 per meal)
- ☐ Cost-Free — Waiting List. No charge for meals, must meet qualifications.
- ☐ Emergency Meals — For individuals recently released from a hospital or rehabilitation center (2-week duration)

Need for Service

What is your need for our services? Check all that apply.

- ☐ Homebound
- ☐ Living Alone
- ☐ Unable to Cook
- ☐ Unable to Shop

Client Information

First Name		Last Name	
Residential Street Address			
Apartment Number		Apartment Name	
City	State	Zip Code	
My residential address is:	☐ Rural	☐ Urban	
Phone Number(s)		Email Address (if any)	
Gender ☐ Female ☐ Male ☐ Non-binary		Marital Status ☐ Single ☐ Married ☐ Partnered ☐ Widowed	
Date of Birth	Race	Primary Language	Are you a veteran? ☐ Yes ☐ No
Do you receive SNAP benefits? ☐ Yes ☐ No		Do you have a food allergy? ☐ Yes ☐ No	
Please list food allergen(s):			
Do you belong to a church / synagogue / mosque / religious community?	☐ Yes	☐ No	
If so, please let us know the name of your religious community:			
How did you hear about Meals on Wheels Durham?			

Nutritional Risk Assessment Questions

1.	Do you have an illness or condition that has made you change the type and amount of food you eat?	☐ Yes	☐ No	☐ Refuse to Answer
2.	How many meals do you eat per day?			☐ Refuse to Answer
3.	How many servings of fruit do you consume per day?			☐ Refuse to Answer
4.	How many servings of vegetables do you consume per day?			☐ Refuse to Answer

5. How many servings of dairy/milk products do you consume per day?			☐ Refuse to Answer
6. How many drinks of beer, liquor, or wine do you have every day or almost every day?			☐ Refuse to Answer
7. Do you have tooth and/or mouth problems that make it hard for you to eat?	☐ Yes	☐ No	☐ Refuse to Answer
8. Do you always have enough money or food stamps to buy the food you need?	☐ Yes	☐ No	☐ Refuse to Answer
9. How many meals do you eat alone per day?			☐ Refuse to Answer
10. How many prescription medications do you take per day?			☐ Refuse to Answer
11. How many over-the-counter medications do you take per day?			☐ Refuse to Answer
12. Have you gained or lost ten pounds or more in the last six months without trying?	☐ Yes — gained ☐ No	☐ Yes — lost	☐ Refuse to Answer
13. Are you physically able to shop for yourself?	☐ Yes	☐ No	☐ Refuse to Answer
14. Are you physically able to cook for yourself?	☐ Yes	☐ No	☐ Refuse to Answer
15. Are you physically able to feed yourself?	☐ Yes	☐ No	☐ Refuse to Answer

Household Information

How many people live in your household, including you?	Are you socially isolated? ☐ Yes ☐ No
Please list the name of each person in your household, and your relationship to them.	
Living Quarters: ☐ Assisted Living ☐ Caregiver ☐ Congregate Housing ☐ Group Home ☐ Homeless ☐ Private Apartment ☐ Private Home ☐ Temporary Housing ☐ Other (please specify):	
Do you have a cat? ☐ Yes ☐ No	Do you have a dog? ☐ Yes ☐ No
Are you interested in receiving pet food for your pet? ☐ Yes ☐ No ☐ N/A	

Emergency Contact Information

First Name	Last Name
Phone Number	Email Address (if any)
Relationship to Client	

Person Completing Application

First Name	Last Name
Phone Number	Email Address (if any)
Relationship to Client	Is the client aware that you are submitting an application on their behalf? ☐ Yes ☐ No

Additional Comments