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) | |

Would you like to receive email or text message notifications from Meals on Wheels Durham? ☐ Email ☐ Text ☐ Email and Text ☐ Call Only

| | | | |
|---|---|---|---|
| Gender | ☐ Female | ☐ Male | Marital Status |
| ☐ Non-binary | ☐ Gender Queer | ☐ Decline to State | ☐ Single ☐ Married ☐ Partnered ☐ Widowed |

| | | | |
|---|---|---|---|
| Date of Birth | Race | Primary Language | Are you a veteran? ☐ Yes ☐ No |

Which of the following best describes your current health or medical insurance coverage? Select all that apply.

- ☐ Medicaid ☐ Private ☐ Other
- ☐ Medicare ☐ Not Insured ☐ Prefer Not to Answer

| | |
|---|---|
| Do you receive SNAP benefits? ☐ Yes ☐ No | Do you have a food allergy? ☐ Yes ☐ No |

Please list food allergen(s):

Do you have a disability or impairment? ☐ Yes ☐ No ☐ Prefer Not to Answer

Please specify each impairment you may experience:

| | | | |
|---|---|---|---|
| Hearing | ☐ None | ☐ Some | ☐ Total |
| Sight | ☐ None | ☐ Some | ☐ Total |
| Speech | ☐ None | ☐ Some | ☐ Total |

## Client Information (cont.)

Please specify each impairment you may experience:

| | | | |
|---|---|---|---|
| Taste | ☐ None | ☐ Some | ☐ Total |
| Smell | ☐ None | ☐ Some | ☐ Total |
| Cognitive Difficulties | ☐ None | ☐ Some | ☐ Total |

Do you use the following mobility aids? Select all that apply.

☐ Cane ☐ Wheelchair ☐ I do not use a mobility aid
☐ Walker ☐ Non-ambulatory ☐ Prefer Not to Answer

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<br>☐ No | | ☐ Yes — lost<br>☐ 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

Which of the following best describes your personal income last year? This question is to help assess our ability to secure additional funding.

☐ Less than $10,000 ☐ $20,000 - $30,000 ☐ More than $40,000
☐ $10,000 - $20,000 ☐ $30,000 - $40,000 ☐ Prefer Not to Answer

How many people live in your household, including you?

Please list the name of each person in your household, and your relationship to them.

Are you socially isolated? ☐ Yes ☐ No

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 | | | |
| Does the emergency contact live with the client? | ☐ Yes | ☐ No | |
| Is the emergency contact the primary caregiver? | ☐ Yes | ☐ No | |

| 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?<br>☐ Yes ☐ No |

| Additional Comments |
|---|
| |