



# CLIENT APPLICATION

(806) 374-1521 | AmarilloMealsOnWheels.org

WE DELIVER MORE THAN JUST A MEAL

DATE: \_\_\_\_\_

REFERRED BY (if applying on behalf of someone): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

APPLICANTS NAME: \_\_\_\_\_  
(Last) (First)

STREET \_\_\_\_\_ ZIP CODE \_\_\_\_\_

APT NAME \_\_\_\_\_ APT # \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MEALS COST \$2.50 EACH - BILLED MONTHLY. IS CLIENT ABLE TO PAY FOR MEALS? YES \_\_\_\_\_ NO \_\_\_\_\_

LIVING ARRANGEMENTS: LIVES ALONE \_\_\_\_\_ WITH ANOTHER \_\_\_\_\_ OTHER \_\_\_\_\_

NUMBER OF CHILDREN \_\_\_\_\_ WHERE DO THEY LIVE?: \_\_\_\_\_

GENERALLY DESCRIBE CLIENT PHYSICAL CONDITION (walker, wheelchair, cane, diabetes, COPD, vision, hearing, communication issues, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU DRIVE?: YES \_\_\_\_\_ NO \_\_\_\_\_ ARE YOU ABLE TO PREPARE YOUR OWN MEALS?: YES \_\_\_\_\_ NO \_\_\_\_\_

PETS (#and type)?: \_\_\_\_\_ (Pets must be under control)

DO YOU SMOKE?: YES \_\_\_\_\_ NO \_\_\_\_\_ ARE YOU ON OXYGEN?: YES \_\_\_\_\_ NO \_\_\_\_\_

FORMER RECIPIENT OF MEALS ON WHEELS?: YES \_\_\_\_\_ NO \_\_\_\_\_ DO YOU WANT MEALS ON WHEELS?: YES \_\_\_\_\_ NO \_\_\_\_\_

EMERGENCY CONTACTS (Must have 2 contacts)

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE Hm: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE Hm: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

PERSON RESPONSIBLE FOR PAYING BILL (if other than Client):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE Hm: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

### OFFICE USE ONLY

Date of Application: \_\_\_\_\_

Start Date: \_\_\_\_\_ Route #: \_\_\_\_\_

Canceled: \_\_\_\_\_

Reapplied: \_\_\_\_\_