

**Meals on Wheels of Lehigh County, Inc.**

**Client Application**

4234 Dorney Park Road

Allentown, PA 18104

610-398-2563

Fax 610-398-7088

Referred by (name/agency/phone #) \_\_\_\_\_

Name & phone# of person to contact for appt \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Sex F  M  Marital Status \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ What Relation? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (H) \_\_\_\_\_ Phone # (W) \_\_\_\_\_ Cell# \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ What Relation? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (H) \_\_\_\_\_ Phone # (W) \_\_\_\_\_ Cell# \_\_\_\_\_

How will you get meals on the weekend or if MOW cannot deliver? \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Do you live alone? \_\_\_\_\_ If no, with whom? \_\_\_\_\_

Residence: House  Apt  Condo  Mobile Home  Room  Refrigerator  Stove  Microwave

Are you homebound? \_\_\_\_\_ Do you drive? \_\_\_\_\_ Metro?  Vast?  Other \_\_\_\_\_

Ambulation: Independent?  With help? Cane  Walker  Wheelchair  Bedfast

Other agencies or homecare services involved? \_\_\_\_\_

Type of Diet Needed: (all are low fat & low sodium) Regular \_\_\_ Diabetic \_\_\_ Soft \_\_\_ Renal \_\_\_ Pureed \_\_\_

Any food allergies or special diet needs? Y \_\_\_ N \_\_\_ If yes, what? \_\_\_\_\_

**Once we receive the application, our caseworker will call the prospective client or family member to set up a time for a visit. At that time, the caseworker will explain the service, review our Welcome Booklet and arrive at an affordable fee. Each client pays a fee according to their income and expenses. Our caseworker will review income sources, savings and household and medical expenses. Please have this information available for our caseworker.**