



Meals on Wheels Application

Please return to:

Senior Services/Meals on Wheels

2208 2nd Ave, Seattle, WA 98121

Phone: (206) 448-5767 Fax: (206) 448-5756

IF YOU NEED AN INTERPRETER, PLEASE CALL (206) 448-3110

APPLY ONLINE AT WWW.SENIORSERVICES.ORG

Applicant Information

(PLEASE PRINT)

Full name: _____
Last First M.I.

Address: _____
Street Address Apartment #

City State ZIP code

Home Phone: _____ Alternate phone: _____

Date of Birth: _____ Email address: _____
Month Day Year

Names of other MOW clients in household: _____

Contact Instructions

Call Applicant Call Contact below

If you need interpreter services, what language do you need? _____

Is there anything else we should know when contacting you? _____

Contact

Name: _____
Last First

Home Phone: _____ Alternate phone: _____

Email address: _____ Relationship: _____

Health Information (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Breathing difficulty | <input type="checkbox"/> Cognitive Issues | <input type="checkbox"/> Limited Physical Mobility |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Issues | <input type="checkbox"/> Psychological Issues |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Impaired Vision | <input type="checkbox"/> Recent Fall/Injury/Surgery |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Impaired Hearing | <input type="checkbox"/> Stroke |

Other/Specify: _____

Applicant Demographic Information

Gender: Female Male Transgendered/Other

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race (check all that apply):

American Indian/Alaska Native Asian/Asian American Hawaiian/Pacific Islander

Black/African/African-American White/Caucasian Other _____

Estimate your annual income:

One person household	Two person household	Three person household	Four person household
<input type="checkbox"/> \$17,100 or less	<input type="checkbox"/> \$19,500 or less	<input type="checkbox"/> \$21,950 or less	<input type="checkbox"/> \$24,400 or less
<input type="checkbox"/> \$17,101 to \$28,500	<input type="checkbox"/> \$19,501 to \$32,550	<input type="checkbox"/> \$21,951 to \$36,650	<input type="checkbox"/> \$24,401 to \$40,700
<input type="checkbox"/> \$28,501 to \$43,050	<input type="checkbox"/> \$32,551 to \$49,200	<input type="checkbox"/> \$36,651 to \$55,350	<input type="checkbox"/> \$40,701 to \$61,500
<input type="checkbox"/> \$43,051 or more	<input type="checkbox"/> \$49,201 or more	<input type="checkbox"/> \$55,351 or more	<input type="checkbox"/> \$61,501 or more

Are you an immigrant, refugee, or a new arrival to the U.S.? Yes No

Does your household have children under the age of 18? Yes No

Are you or your spouse veterans of the U.S. Military? Yes No

Is there anyone in your life who usually helps you out? Yes No

Do you use an assistance device like a cane, walker, or wheelchair? Yes No

Nutrition Information

Do you have an illness or condition that has changed the way you eat? Yes No

Do you eat fewer than 2 meals a day? Yes No

Do you eat less than 2-3 servings of fruits, vegetables, and dairy per day? Yes No

Do you have 3 or more drinks of beer, liquor, or wine almost every day? Yes No

Do you have tooth or mouth problems that make it hard for you to eat? Yes No

Do you sometimes run out of money to buy food? Yes No

Do you eat alone most of the time? Yes No

Do you take 3 or more different medications or supplements per day? Yes No

Have you lost or gained 10 pounds in the last 6 months without trying? Yes No

Is it difficult for you to shop, cook, or feed yourself at times? Yes No

Please select any activities you need assistance with:

Eating Walking/ Ambulating Using the Telephone

Dressing Preparing Meals Doing Housework

Bathing Shopping Transportation

Toileting Managing Medications

Transferring out of Bed/Chair Managing Money

How did you hear about our program? _____