MEALS on WHEELS LAPORTE COUNTY

301 E. 8th Street Michigan City, IN 46360 PHONE: 872-9117 FAX: 872-9118

CLIENT REGISTRATION

Homebound Living Alone Unable to Cook Unable to Shop **Circle all that apply**

DATE: ____________

NAME: ______________________ PHONE: ____________

ADDRESS: ______________________ MC LP Zip ______ **IN**

SPECIAL INSTRUCTIONS FOR DELIVERY: ______________________

House color, door to deliver to...

BIRTHDAY: ________ AGE: ______ S.S. ____________

REFERRED BY: ______________________

RECENT ILLNESS OR ACCIDENT: ______________________

HANDICAPS: ______________________ CANE WALKER O_2

Food Allergies: ________ Medication/food interaction: ________

DOCTOR: ________ PHONE: ________ FAX: ________

DO YOU LIVE ALONE? ________ Housemate: ________

Veteran? ______ Have dog? ______ Have cat? ______

EMERGENCY CONTACT: ______________________ PHONE: ________

Relationship: ______________ CELL ________

ONE MEAL PLAN: ______ TWO MEAL PLAN ______ WEEKEND ______

DIET: General Diabetic NAS Mech Soft Puree L.F./L.C. Renal

MONTHLY INCOME: ______ over $1,470?

EXTRA EXPENSES: ______ CLIENT CONTRIBUTION ________

Housing rent/own ______ (AFS) (CH) (MM) (/60)

Medical prescriptions ______ FOOD STAMP 16 DIGIT # ________

SERVICE TO BEGIN:

Date	Route	Term Date	Last Meal	Reason

MARITAL STATUS: MARRIED ______ WIDOWED ______ SINGLE ______ DIVORCED ______

Ethnicity W B H A INTERVIEWER: ________

Male/Female

MEALS on WHEELS™
LAPORTE COUNTY

CLIENT REGISTRATION

Do you have an illness or condition that made you change the kind of food you eat? Yes No

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

Do you eat few fruit and vegetables or milk products? Yes No

Do you eat alone most of the time? Yes No

Are there times that you do not always have enough money to buy the food you need? Yes No

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

Do you take 3 or more different prescribed or over the counter drugs a day? Yes No

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

Are there times when you are not physically able to shop and/or cook? Yes No