



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 O2

Food Allergies: _____ Medication/food interaction: _____

DOCTOR: _____ PHONE: _____ FAX: _____

DO YOU LIVE ALONE? _____ Housemate: _____

Veteran? _____ Have dog? _____ Have cat? _____

EMERGENCY CONTACT: _____ PHONE: _____ Relationship: _____ CELL: _____

Do you have a working smoke detector in your home? Yes No

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 # _____

Table with columns: SERVICE TO BEGIN, Date, Route, Term Date, Last Meal, Reason

MARITAL STATUS: MARRIED _____ WIDOWED _____ SINGLE _____ DIVORCED _____

Ethnicity W B H A INTERVIEWER: _____

Male/Female