

Meals on Wheels Application



Date: _____ Date of Birth: _____

Meals on Wheels recipients are required to notify the Center if they are hospitalized and/or will be unable to answer the door. If you are not home for whatever reason, you will need to place a cooler outside the door or we will be unable to deliver your meals. If you move or are hospitalized for more than a few days, please notify the center immediately. If you do not answer the door 3 times in a row w/o contacting us, you will be removed from the program until you update an application, contact the center and requalify.

Name: _____

Address: _____

Street

City

State

Zip

Telephone Number: _____

Others Living with you: _____

Name

DOB

Relationship

Is there a pet in the house? Yes: _____ No: _____

What kind: _____

Is it hyperactive? Yes: _____ No: _____

Does it Bite? Yes: _____ No: _____

Others who assist you: _____

Emergency Contact person outside the house: _____

Telephone Number: _____

Doctor: _____

Relationship: _____

Are you a Veteran? () Yes () No

Telephone Number: _____

Which branch of service? _____

Health Problems*

Walking _____ Arthritis _____ Back _____ Cancer _____ Heart _____ Diabetes _____

Alzheimer/Dementia _____ Vision _____ Hearing _____ Joint Replacement _____

High Blood Pressure _____ Brain _____ Other: _____

***This information is for emergency purposes only. No information will be released to anyone other than EMT personnel if/when needed.**

Comments: _____

Mail to: The Community Center of Abingdon
300 Senior Dr
Abingdon, VA 24210
Phone: (276) 628-3911 Fax: (276) 628-5859

OR email to: Food@thecommunitycenterofabingdon.com

All meals to recipients are provided free of charge. The Community Center of Abingdon is a 501 (C) 3 Non-Profit Corporation funded by donations and sponsors. Donations are welcome but are **not** required.

Meals on Wheels

Homebound Status

Name:

Date:

Are you 80 % homebound? Yes No

Unable to leave home without assistance?
 Able to leave home without assistance?

Do you receive assistance from any other agency? Yes No

If yes, Agency name:

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

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

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

Are you unable to physically shop, cook, and /or feed yourself, or get someone to do it for you? Yes No

Do you take 3 or more prescribed or over the counter drugs daily? Yes No

*Drivers must have safe access to your property and front door including but not limited to proper restraint or confinement of all pets during delivery.

*Repeated failure to deliver may result in termination from the program.

*Every 6 -12 months an assessment is required to determine your continued eligibility.

*If your situation changes you must notify us immediately to avoid unnecessary deliveries.