



Confidential Client Application Form **E-Mailable or Faxable Form**
For use by client/s and/or their families to apply for Meals on Wheels service.
TO: Meals-on-Wheels of White Plains, Inc.
Fax Number: 914-946-2069 **E-mail: referral@mowwp.org** **Telephone: 914-946-6878**
Referral agencies should use the [Referral Agency Intake Form](#). (Ask & we will e-mail it to you.)

This box for Meals-on-Wheels of White Plains use only.

Route: _____ Diet: _____ Start Date: _____ End Date: _____

INSTRUCTIONS: Please type into the fillable PDF OR print the answer to each question neatly in black ink as indicated. There are 3 exceptions. We ask you to leave the boxes above and below blank. Question # 21 is left blank if you or the client needs a subsidy toward the fee for service. Required items that **must** be completed are highlighted in red. Thank you!

Section A: Client Characteristics - please tell us about you. 1) Date: _____

2) Last Name: _____ 3) First Name: _____ 4) M.I. _____

5) Address: _____ 6) Apt: _____

7) City: White Plains 8) State: NY 9) Zip: _____ 10) Primary Telephone: _____

11) 2nd Phone: _____ 12) E-mail address (if none, leave blank): _____

13) Date Of Birth: _____ 14) Sex: _____ 15) Disabled (*yes or no*): _____

16) Describe your health problem(s): _____

Section B: Services - Please tell us about the service you are requesting.

17) Diet (*Be as specific as needed*): _____

18) Frequency/Days of Service (Check days that service is requested for; Saturday service is limited):

Monday for 3 days (Mon, Tues & Weds) Thursday for 2 Days (Thurs & Fri)

Thursday for 3 Days – (Thurs, Fri & Saturday - Enter reason for Saturday under notes)

19) Requested starting Date: _____ 20) End Date (if known): _____

21) Daily fee for service*(Leave blank if subsidy is needed, complete & attach the [Financial Information Form](#) for sliding scale computation OR enter \$11 per day): 21) Special Instructions (directions/instructions to facilitate delivery such as buzzer codes for building entry, etc.): _____

Section C: Required Emergency Information (Answers to questions 22 A & B and 23 are REQUIRED, thank you!)

22) The following Emergency Contacts will be contacted in the order shown:

A) Name & relationship: _____ Telephone: _____

B) Name & relationship: _____ Telephone: _____

23) Physician: _____ Telephone: _____

(List the physician that Meals-on-Wheels may contact to confirm the dietary instructions given above, in # 16, as well as in an emergency.)

Section D: Answer #24 to 27 only if you are not the client who will be receiving meals above.

24) Referred by: _____ 25) Relationship to client: _____

26) Telephone: _____ 27) E-mail address: _____

28) Notes (Anything else we need to know, * ex. - If 3rd party will cover the fee-for-service): _____

Thank you for using Meals-on-Wheels of White Plains. Please make sure your phone number entered above is correct. We will get back to you shortly. Thank you.

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Route Sheet: ___ Labels: ___ Contacts: ___ QuickBooks: ___ One Call Now _____