Meals-On-Wheels of White Plains

Confidential Client Information Form for
July 1, 2026, to June 30, 2027

311 North Street, Suite G5
White Plains, NY 10605
914-946-6878
info@mowwp.org

Meals-on-Wheels of White Plains is required to collect this form. It will use the information provided to determine if you qualify for a reduced fee-for-service for the meals we deliver and to calculate the amount of the reduction. Please complete and return the form – by mail, as an email attachment, or by fax to (914)-946-2069.

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

4) Street Address: _____ Apt/Unit: _____

5) City: White Plains 6) State: NY 7) Zip: _____ 8) E-mail Address: _____

9) Cell Phone: _____ 10) Landline Phone: _____

11) Date of Birth (month/day/year): _____

12) Household Type Please check one of the following choices or specify "other":

_____Single person living alone _____Single person living with family _____Married couple

_____Married couple living with family ____Other, please specify: _____

13) Total number of people in the household: _____

14) If another person or persons in your household receives Meals-on-Wheels, please write name(s) and date(s) of birth here:

_____

15) Please enter your MONTHLY income and expenses for 2026 in columns B & D. If there is more than one person in the household, please enter the total household income and expenses for all individuals.

A) Income Items:	B) Income fill in below	C) Expense Items:	D) Expenses Fill in below	The shaded area is for office use only.
Social Security	$	Rent/Maintenance	$	
SSI	$	Mortgage	$	
Employment	$	Real Estate Taxes	$	
Unemployment	$	Telephone	$	
AFDC	$	Gas & Electric	$	
Home Relief*	$	Health Insurance	$	
SNAP/Food stamps	$	Medical	$	
Other	$	Insurance	$	
		Other	$	
TOTAL:	$	TOTAL:	$	

* Home Relief in New York is a general term for Temporary Assistance (TA) benefits that cover basic needs: housing, food, and utilities. Includes: Welfare/TANF; Home Energy Assistance Program (HEAP) Emergency Rental Assistance Program (ERAP): NYS Safety Net Program; Homeowner Assistance Fund (HAF)

16) Do you receive SNAP (aka - Food Stamps)? _____Yes, ____No, If yes, enter the amount under income in Question 15. (SNAP benefits can be used to pay for Meals on Wheels in New York State.)

17) Does a Home Health Aide that assist you in your home for 3 or more full days per week?

_____Yes, ____No, If yes you may not be eligible for Medicare or Medicaid meals reimbursement.

18) Are you in a Medicare Plan that provides coverage for home delivered meal service?

_____Yes, ____No, If yes, please complete this section:

a. Medicare Number: _____

b. Name of the Insurance Provider: _____

c. Address of the Insurance Provider:_____

_____

d. Telephone Number of the Insurance Provider:_____

19) Do you receive Medicaid? _____Yes, ____No, If yes, please complete this section:

a. Medicaid Number: _____

b. Name of your case worker: _____

c. Address of your case worker:_____

_____

d. Telephone Number of your case worker:_____

20) Primary Care Physician's Name: _____

Full Address of PCP (above): _____

PCP's Primary Phone: _____ PCP's 2nd Phone: _____

21) Is there any other third party (examples: family member, private insurance, employer, trust fund, etc.) that Meals on Wheels of White Plains should be in contact with about the cost of your fee for service in part or in whole?

_Yes, __No, If yes, please tell provide their name(s), state their relationship with you, their mailing and email addresses, and primary phone number below:

_____

_____

_____

_____

_____ _____ _____

Signature Print Name Date

I grant permission for Meals-on-Wheels of White Plains to provide and discuss the information above with Medicare, Medicaid, my Primary Care Physician and any third party I name above as being responsible for covering the cost a fee for service for the provision of Meals on Wheels service to me.

_____ _____ _____

Signature Print Name Date

I certify that the above information is complete and correct. I understand that the fee for service for Meals on Wheels is based on the information that I have provided and the funding available to Meals on Wheels of White Plains. Available funding for Meals on Wheels of White Plains is subject to change at any time, therefore the fee for service is also subject to change at any time.