

Martha's Meals on Wheels ~ Intake Form

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www.mowstaunton.org



Applicant Information: *(Note: MOW does not share any personal information.)*

Phone: _____
Name(s): _____ D.O.B. ____/____/____
Address: _____
City: _____ State: _____ Zip: _____
Marital status: Single____ Married____ Widow/Widower____ Gender: (circle one) M / F
Does applicant live alone? Y____ / N____ If not, with whom does he/she live? _____
 American Indian or Alaska Native Asian Black or African American Hispanic or Latino
 Native Hawaiian or Other Pacific Islander White

Billing Information: (person responsible for payment if other than applicant): *

Name: _____ Phone: _____
Address: _____
Relationship to applicant(s): _____

*Cost per meal = \$4.00 >> Please speak with the MOW representative if financial assistance is needed.

Schedule: Days to Deliver (circle all that apply) M T W TH F

Local Emergency Applicant Information:

Relative's name: _____ Phone: _____
Relation to applicant: _____
Neighbor's name: _____ Phone: _____

Physical Condition:

Physical limitations (e.g. moves slowly; impaired hearing or sight, etc.): _____

Medical conditions: _____

Delivery Instructions:

Delivery instructions (front or back door, are you able to answer the door etc.): _____

Driving directions (major cross streets / special directions): _____

Other Important Information:

Reason for requesting this service: _____
How did you hear of our program? _____
Church affiliation **optional**: _____

For Office Use Only: Meal cost: \$_____

Application Rcvd: ____/____/____ Date to begin: ____/____/____ Payment Rcvd Y____ N____