Meals on Wheels Application

Return to: Sound Generations - Meals on Wheels
2208 2nd Ave, Seattle, WA 98121
Phone: (206) 448-5767 Fax: (206) 448-5756

Case Manager Use Only:
COPES Referral
Start Date: _____
End Date: _____
# of Meals per Month:_____

APPLY ONLINE AT WWW.SOUNDGENERATIONS.ORG

Applicant Information

(Please Print)

Full name: _____
First *M.I.* *Last*

Address: _____
Street Address *Apartment #* *City (King County)* *ZIP code*

Home Phone: _____ Alternate phone: _____

Date of Birth: _____ Email address: _____
Month *Day* *Year*

Names of other MOW clients/applicants in household: _____
(Please note: An application is required for each person applying for the program.)

Emergency Contact

Name: _____ Relationship: _____
First *Last*

Phone: _____ Email: _____

Contact Instructions

☐ Call Applicant ☐ Call Contact - Name: _____ Phone:_____

Do you need interpreter services? ☐ Yes ☐ No If yes, what language? _____

Is there anything else we should know when contacting you? _____

Reason for Needing Meals on Wheels

☐ Temporarily Homebound (convalescing) ☐ Homebound some days, not others
☐ Long term Homebound

*To be eligible for services, an individual needs to meet the following criteria: Age 60 or older, homebound, unable to prepare meals, difficulty performing activities like bathing, dressing, or shopping, and does not have an informal support system. Those under 60 may utilize the program but would be required to pay for the meals.

Health Information (check all that apply)

☐ Breathing difficulty
☐ Cancer
☐ Chronic Illness
☐ Chronic Pain
☐ Cognitive Issues
☐ Diabetes
☐ Gastrointestinal
☐ Heart Issues
☐ Hypertension
☐ Impaired Hearing
☐ Impaired Speech
☐ Impaired Vision
☐ Kidney Disease
☐ Limited Physical Mobility
☐ Liver Disease
☐ Multiple Sclerosis
☐ Osteoporosis
☐ Parkinson's Disease
☐ Psychological Issues
☐ Recent Fall/Injury/Surgery
☐ Stroke

☐ Other/Specify: _____

Applicant Demographic Information

Gender: ☐ Female ☐ Male ☐ Transgendered/Other

Race - Ethnicity (*check all that apply*):

☐ American Indian/Alaska Native ☐ Asian/Asian American ☐ Hawaiian/Pacific Islander

☐ Black/African/African-American ☐ Hispanic/Latino ☐ White/Caucasian

☐ Other _____

Estimate your annual income:

One person household	Two person household	Three person household	Four person household
☐ $25,100 or less	☐ $28,650 or less	☐ $32,250 or less	☐ $38,800 or less
☐ $25,101 to $41,800	☐ $28,651 to $47,800	☐ $32,251 to $53,750	☐ $38,801 to $59,700
☐ $41,801 to $66,700	☐ $47,801 to $76,200	☐ $53,751 to $85,750	☐ $59,701 to $95,250
☐ $66,701 or more	☐ $76,201 or more	☐ $85,751 or more	☐ $95,251 or more

Are you an immigrant, refugee, or a new arrival to the U.S.? ☐ Yes ☐ No

Does your household have children under the age of 18? ☐ Yes ☐ No

Are you a veteran of the U.S. Military? ☐ Yes ☐ No

Is your spouse a veteran of the U.S. Military? ☐ Yes ☐ No

Is there anyone in your life who usually helps you out? ☐ Yes ☐ No

Do you use an assistance device like a cane, walker, or wheelchair? ☐ Yes ☐ No

Nutrition Information

Do you have an illness or condition that has changed the way you eat? ☐ Yes ☐ No

Do you eat fewer than 2 meals a day? ☐ Yes ☐ No

Do you eat less than 2-3 servings of fruits, vegetables, and dairy per day? ☐ Yes ☐ No

Do you have 3 or more drinks of beer, liquor, or wine almost every day? ☐ Yes ☐ No

Do you have tooth or mouth problems that make it hard for you to eat? ☐ Yes ☐ No

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

Do you eat alone most of the time? ☐ Yes ☐ No

Do you take 3 or more different medications or supplements per day? ☐ Yes ☐ No

Have you lost or gained 10 pounds in the last 6 months without trying? ☐ Yes ☐ No

Is it difficult for you to shop, cook, or feed yourself at times? ☐ Yes ☐ No

Please select any activities you need assistance with:

☐ Eating
☐ Dressing
☐ Bathing
☐ Toileting
☐ Transferring out of Bed/Chair
☐ Walking/Ambulating
☐ Preparing Meals
☐ Shopping
☐ Managing Medications
☐ Managing Money
☐ Using the Telephone
☐ Doing Housework
☐ Transportation

How did you hear about our program? _____