

# Meals on Wheels Application

Return to: Sound Generations - Meals on Wheels  
2208 2<sup>nd</sup> Ave, Seattle, WA 98121

Phone: 206-448-5767 Fax: 206-448-5756

APPLY ONLINE AT SOUNDGENERATIONS.ORG \*A separate application is required for each person applying.

### Case Manager Use Only:

COPEs Referral

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

# of Meals per Month: \_\_\_\_\_

## Applicant Information (Please Print)

Full Name: \_\_\_\_\_  
*First M.I. Last*

Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Unit/Apt # City (in King County) ZIP Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_  
*Month Day Year*

Names of other MOW clients/applicants in household: \_\_\_\_\_  
(A separate 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 \$8.50 per meal.*

## Health Information (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Breathing Difficulty | <input type="checkbox"/> Heart Issues              | <input type="checkbox"/> Liver Disease              |
| <input type="checkbox"/> Cancer               | <input type="checkbox"/> Hypertension              | <input type="checkbox"/> Multiple Sclerosis         |
| <input type="checkbox"/> Chronic Illness      | <input type="checkbox"/> Impaired Hearing          | <input type="checkbox"/> Osteoporosis               |
| <input type="checkbox"/> Chronic Pain         | <input type="checkbox"/> Impaired Speech           | <input type="checkbox"/> Parkinson's Disease        |
| <input type="checkbox"/> Cognitive Issues     | <input type="checkbox"/> Impaired Vision           | <input type="checkbox"/> Psychological Issues       |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Kidney Disease            | <input type="checkbox"/> Recent Fall/Injury/Surgery |
| <input type="checkbox"/> Gastrointestinal     | <input type="checkbox"/> Limited Physical Mobility | <input type="checkbox"/> Stroke                     |
| <input type="checkbox"/> Other/Specify: _____ |  |   |

## Disabilities (check all that apply)

- No Disability  Physical Disability  Intellectual/Developmental Disability  Mental Illness  
 Traumatic Brain Injury  Dementia/Cognitive Impairment  Memory Loss  
 Prefer not to say  Other/Comments: \_\_\_\_\_

## Nutrition Information

- Do you have an illness or condition that made you change the kind and/or amount of food you eat?  Yes  No  
Do you eat fewer than two meals per day?  Yes  No  
Do you eat few fruits or vegetables or milk products?  Yes  No  
Do you have three 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 not have enough money to buy the food you need?  Yes  No  
Do you eat alone most of the time?  Yes  No  
Do you take 3 or more different prescribed or over-the-counter drugs a day?  Yes  No  
Have you lost or gained ten pounds in the last six months without trying?  Yes  No  
Is it physically difficult for you to shop, cook, and/or feed yourself at times?  Yes  No

## Activities of Daily Living

### What level of assistance do you need with the following?

- |                               |                                      |                                  |                                   |                                  |
|-------------------------------|--------------------------------------|----------------------------------|-----------------------------------|----------------------------------|
| Eating                        | <input type="checkbox"/> Independent | <input type="checkbox"/> Minimum | <input type="checkbox"/> Moderate | <input type="checkbox"/> Maximum |
| Walking/Ambulating            | <input type="checkbox"/> Independent | <input type="checkbox"/> Minimum | <input type="checkbox"/> Moderate | <input type="checkbox"/> Maximum |
| Using the Telephone           | <input type="checkbox"/> Independent | <input type="checkbox"/> Minimum | <input type="checkbox"/> Moderate | <input type="checkbox"/> Maximum |
| Dressing                      | <input type="checkbox"/> Independent | <input type="checkbox"/> Minimum | <input type="checkbox"/> Moderate | <input type="checkbox"/> Maximum |
| Preparing Meals               | <input type="checkbox"/> Independent | <input type="checkbox"/> Minimum | <input type="checkbox"/> Moderate | <input type="checkbox"/> Maximum |
| Heavy Housework               | <input type="checkbox"/> Independent | <input type="checkbox"/> Minimum | <input type="checkbox"/> Moderate | <input type="checkbox"/> Maximum |
| Bathing                       | <input type="checkbox"/> Independent | <input type="checkbox"/> Minimum | <input type="checkbox"/> Moderate | <input type="checkbox"/> Maximum |
| Shopping                      | <input type="checkbox"/> Independent | <input type="checkbox"/> Minimum | <input type="checkbox"/> Moderate | <input type="checkbox"/> Maximum |
| Transportation                | <input type="checkbox"/> Independent | <input type="checkbox"/> Minimum | <input type="checkbox"/> Moderate | <input type="checkbox"/> Maximum |
| Toileting                     | <input type="checkbox"/> Independent | <input type="checkbox"/> Minimum | <input type="checkbox"/> Moderate | <input type="checkbox"/> Maximum |
| Managing Medications          | <input type="checkbox"/> Independent | <input type="checkbox"/> Minimum | <input type="checkbox"/> Moderate | <input type="checkbox"/> Maximum |
| Transferring out of bed/chair | <input type="checkbox"/> Independent | <input type="checkbox"/> Minimum | <input type="checkbox"/> Moderate | <input type="checkbox"/> Maximum |
| Managing Money                | <input type="checkbox"/> Independent | <input type="checkbox"/> Minimum | <input type="checkbox"/> Moderate | <input type="checkbox"/> Maximum |
| Chores                        | <input type="checkbox"/> Independent | <input type="checkbox"/> Minimum | <input type="checkbox"/> Moderate | <input type="checkbox"/> Maximum |

- 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

## Applicant Demographic Information

**Gender:**  Female  Male  Transgender  Other \_\_\_\_\_  Prefer not to say

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

- American Indian/Alaska Native     Asian/Asian American     Hawaiian/Pacific Islander  
 Black/African/African American     Latino/Hispanic     White/Caucasian  
 Other \_\_\_\_\_     Unknown     Prefer not to say

**Sexual Orientation:**

- Heterosexual     Gay     Bisexual     Lesbian     Questioning  
 Other \_\_\_\_\_     Prefer not to say

**Estimate your annual income:**

One person household	Two person household	Three person household	Four person household
<input type="checkbox"/> \$28,800 or less	<input type="checkbox"/> \$32,900 or less	<input type="checkbox"/> \$37,000 or less	<input type="checkbox"/> \$41,100 or less
<input type="checkbox"/> \$28,801 to \$47,950	<input type="checkbox"/> \$32,901 to \$54,800	<input type="checkbox"/> \$37,001 to \$61,650	<input type="checkbox"/> \$41,101 to \$68,500
<input type="checkbox"/> \$47,951 to \$70,650	<input type="checkbox"/> \$54,801 to \$80,750	<input type="checkbox"/> \$61,651 to \$90,850	<input type="checkbox"/> \$68,501 to \$100,900
<input type="checkbox"/> \$70,651 or more	<input type="checkbox"/> \$80,751 or more	<input type="checkbox"/> \$90,851 or more	<input type="checkbox"/> \$100,901 or more

**Which ONE of the following best describes your living situation?**

- Live Alone     With Spouse     With Domestic Partner     With Parent(s)  
 With Other Relative(s)     With Non-Relative(s)     With Spouse/Partner & Others  
 Institutionalized     Other

Does your household have children under the age of eighteen?  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

Are you homeless or living in temporary housing?  Yes     No

### How did you hear about our program?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Advertisement/Brochure | <input type="checkbox"/> Friend                | <input type="checkbox"/> Senior Center         |
| <input type="checkbox"/> Caregiver              | <input type="checkbox"/> Internet              | <input type="checkbox"/> Social Service Agency |
| <input type="checkbox"/> Case Manager           | <input type="checkbox"/> Medical Care Provider | <input type="checkbox"/> Sound Generations     |
| <input type="checkbox"/> Family                 | <input type="checkbox"/> Neighbor              |  |
| <input type="checkbox"/> Other/Specify: _____   |  |  |