Senior Services
Promoting the well-being of older adults

Meals on Wheels Application

Office Use Only	
Client ID	

Date Received: _____
Satellite Site: _____
Delivery Day: _____
COPES ☐ In-home ☐

If you need an interpreter or other assistance with filling out a Meals on Wheels application, please call Senior Information and Assistance at (206) 448-3110.

Please fill in the following applicant data:

	Last	First	MI
Name:			

Street: _____ Apt. #: _____

Apt. Complex: _____

City: _____ Zip: _____

Mailing Address (if different than above):

Street: _____ City: _____ Zip: _____

Home Phone: ( ) -

Gender: ○ Female ○ Male ○ Transgendered/Other

Birthdate: Month / Day / Year

Do you live in Unincorporated King County? ○ Yes ○ No ○ Unknown

Clearly describe the physical problem causing you to need this service:

Please enter an emergency contact not living with you:

Name: _____

Phone 1: ( ) - Phone 2: ( ) -

Relationship: _____

Select your ethnicity:

(Check one)

○ Latino/Hispanic
○ Not Latino/Hispanic

(Check all that apply)

○ American Indian/Alaska Native
○ Asian/Asian-American
○ Black/African/African-American
○ Hawaiian Native/Pacific Islander
○ White/Caucasian
○ Other _____

Estimate your annual income:

One Person Household	Two Person Household
○ $17,100 or less	○ $19,500 or less
○ $17,101 to $28,500	○ $19,501 to $32,550
○ $28,501 to $43,050	○ $32,551 to $49,200
○ $43,051 or more	○ $49,201 or more

Three Person Household	Four Person Household
○ $21,950 or less	○ $24,400 or less
○ $21,951 to $36,650	○ $24,401 to $40,700
○ $36,651 to $55,350	○ $40,701 to $61,500
○ $55,351 or more	○ $61,501 or more

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Please answer the following questions to help us serve you better:

1) Do you drive? ○ Yes ○ No
2) Do you live alone? ○ Yes ○ No
3) Are you eligible for food stamps? ○ Yes ○ No
4) Are you on a physician-prescribed diet? ○ Yes ○ No
4A) If yes, what type of diet?
5) What is your preferred spoken language?
5A) What language do you prefer to recieve written materials in?
6) Are you disabled? ○ Yes ○ No
7) Are you an immigrant, refugee, or new arrival to the US? ○ Yes ○ No
8) Does your household have children under age 18? ○ Yes ○ No
9) Are either you or your spouse veterans of the US military? ○ Yes ○ No

Please answer these questions for our statistics:

1) Do you have an illness or condition that has made you change the kind or amount of food you eat? ○ Yes ○ No
2) Do you eat fewer than 2 meals a day? ○ Yes ○ No
3) Do you eat less than 2-3 servings of fruits, vegetables and milk products per day? ○ Yes ○ No
4) Do you have 3 or more drinks of beer, liquor, or wine almost every day? ○ Yes ○ No
5) Do you have tooth or mouth problems that make it hard for you to eat? ○ Yes ○ No
6) Do you sometimes run out of money to buy food? ○ Yes ○ No
7) Do you eat alone most of the time? ○ Yes ○ No
8) Do you take 3 or more different prescribed and/or over the counter drugs per day? ○ Yes ○ No
9) Have you lost or gained 10 pounds in the last 6 months without trying? ○ Yes ○ No
10) Is it difficult for you to shop, cook, or feed yourself at times? ○ Yes ○ No

Please select from the following list the activities you need assistance with:

○ Bathing	○ Dressing	○ Managing your medications
○ Toileting	○ Driving	○ Heavy housework
○ Eating	○ Getting places	○ Transferring in/out of bed/chair
○ Chores	○ Phoning	○ Walking/Ambulating
○ Cooking	○ Shopping	○ **None of these**

If someone else assisted in completing the form, please indicate here:

Name:_____ **Agency:**_____ **Phone:**_____

Applicant Signature: _____ **Date:**_____