 **Meals on Wheels Application**

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals on Wheels recipients are required to notify the Center if they are hospitalized and/or will be unable to answer the door. If you are not home for whatever reason, you will need to place a cooler outside the door or we will be unable to deliver your meals. If you move or are hospitalized for more than a few days, please notify the center immediately. If you do not answer the door 3 times in a row w/o contacting us, we will call for a well check from local police dept. Then you will be removed from the program until you update an application, contact the center and requalify.

Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Living With You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your email address (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a pet in the house? Yes:\_\_\_\_\_\_ No:\_\_\_\_\_\_ What kind:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is it hyperactive? Yes: \_\_\_\_\_ No: \_\_\_\_\_\_ Does it Bite: Yes: \_\_\_\_\_ No: \_\_\_\_\_\_\_\_

Emergency Contact person outside the home

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Veteran: Yes \_\_\_\_\_\_ No: \_\_\_\_\_\_ Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Health problems? Check those that apply:

|  |  |  |
| --- | --- | --- |
| * Walking
* Arthritis
* Cancer
* Heart
 | * Diabetes
* Vision
* Hearing
* Alzheimer's/Dementia
 | * Joint Replacement
* High Blood Pressure
* Brain
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

Mail to: The Community Center of Abingdon OR email to: info@theccoa.org

 300 Senior Dr Abingdon, VA 24210 Phone: (276) 628-3911 Fax: (276) 628-5859

All meals to recipients are provided free of charge. The Community Center of Abingdon is a 501(c)3 Non-Profit Corporation funded by donations and sponsors. Donations are welcome but are not required.