



Meals on Wheels

PRINCE EDWARD COUNTY, VA

505 Griffin Boulevard, PO Box 758, Farmville, VA 23901
434-392-8797 or 434-315-3480 or director@mowpec.org

CLIENT APPLICATION

FOR OFFICE USE ONLY

Date of Application _____ Start Date _____
Meal Cost _____ Diet/Beverage _____

REFERRAL

Agency Name _____
Phone _____

CLIENT INFORMATION

Name _____ Sex _____ Race _____
Address _____ County _____
Phone _____
Date of Birth _____ Email _____

EMERGENCY CONTACT

Name _____ Relationship _____
Address _____ Phone _____
Email _____

MEAL INFORMATION (all are no salt added)

Days Needed: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri
Diet Needed: ___ General ___ Diabetic ___ Renal ___ Vegetarian ___ Chopped Meat ___ Pureed
Food Allergies: _____

DISABILITY

___ Speech ___ Breathing
___ Hearing ___ Vision

MOBILITY

___ Ambulatory ___ Bed-ridden
___ Cane/Walker ___ Wheelchair

HOME HEALTH SERVICES

Currently receive? Yes/No
Agency? _____

LIVING ARRANGEMENT

___ Alone ___ Relative
___ Friend ___ Other

HOUSING ARRANGEMENT

___ Own ___ Rent

TRANSPORTATION

Drive? Yes/No
Van service/Bus? Yes/No

PHYSICIAN INFORMATION

Name _____ Phone _____
Address _____

FEE INFORMATION

Monthly Income	Fee/Meal
\$0-\$599	\$0
\$600-\$699	\$1.00
\$700-\$799	\$2.00
\$800-\$899	\$3.00
\$900+	\$4.75

BILLING INFORMATION Please mail monthly bill to:

Name _____
Address _____
Phone _____ Email _____

Signature _____ Date _____