

Recipient Application Form

Date: _____

Name(s): _____

Address: _____

Zip Code _____

Home Phone: _____

Cell Phone: _____

Date of Birth(s): _____

Veteran: Yes ____ No ____

Branch _____

Emergency Contacts:

Primary: _____

Telephone No: _____

Relationship: _____

Secondary: _____

Telephone No: _____

Relationship: _____

Additional Information:

Annual Income: _____

Head of household: _____

Or Relative of: _____

Physical Impairments: _____

Homebound: _____

Ethnicity: _____

Please circle one

Diet Selection: Regular Diet or Diabetic
(all meals are low sodium)

Drink Choice: Milk or Juice

If other dietary requirements apply, please contact the office

NOTE: OFFICE WILL BE CLOSED THE FOLLOWING HOLIDAY'S: New Year's Day, Martin Luther King, Jr Day, President's Day, Good Friday, Memorial Day, July 4th, Labor Day, Thanksgiving & day after, Christmas & day before or after.

Please circle Holidays you wish to have a meal delivered. A frozen meal will be delivered with the day's meal prior to designated Holiday

Preferred Starting Date: _____

Please indicate how you found out about Independence Meals on Wheels, Inc.
