



# CLIENT APPLICATION

\*=required field

**Office Use Only:**

Charge: \$ \_\_\_\_\_ Events \_\_\_\_\_  
 Hosp Rt. \_\_\_\_\_ AR \_\_\_\_\_  
 Income:  
 <30 31/50 51/80 >81

Meals at Home requires this form be complete  
 and received in the Meals at Home office prior to the start of food delivery.  
 1123 Emerson, Suite 213, Evanston, IL 60201 847-332-2678

\*Name: \_\_\_\_\_ \*Date Of Birth: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ \*Today's Date: \_\_\_\_\_

\*Address: \_\_\_\_\_ Address 2: \_\_\_\_\_ email: \_\_\_\_\_

\*City: \_\_\_\_\_ State: IL \*Zip: \_\_\_\_\_ Cross Streets: \_\_\_\_\_

Living Situation: Alone Family Friend Spouse Assisted/Group

Marital Status: Single Married Divorced Widowed Gender: M F Start Date: \_\_\_\_\_

Delivery Days: M T W TH F ST Congregation: \_\_\_\_\_

Household Pets (Types and quantities): \_\_\_\_\_

**\*Diet Requirements: (circle one)**

Renal, dialysis	Renal, pre-dialysis	No/Low sodium	Cardiac	Gluten free	High Calorie
Diabetic	Mechanical soft	Pureed	Antire/low acid	High Protein	Low Calorie
Low Fiber	Low Residue	Vegetarian	General		

\*Beverage: (circle one) 2 Milk 2 Juice 1 milk, 1 juice If milk, choose type: skim 1% 2% Whl

\*List all food allergies: \_\_\_\_\_

\*Food restrictions (religious beliefs or other): \_\_\_\_\_

Special instructions for the driver: \_\_\_\_\_

Billing Address (if different than delivery address): \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_ \*Emergency Contact's Phone Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_ Referred By \_\_\_\_\_

**The following information is for grant writing purposes and is helpful but not required information:**

Race: \_\_\_\_\_ Are you a veteran? Yes No Are you the spouse of a veteran? Yes No  
 Are you disabled? Yes No What is your annual/monthly income? \_\_\_\_\_

**Are you also interested in Meals at Home's:**

Friendly Visitor program? Y N If Yes, what are your hobbies/interests? \_\_\_\_\_

Grocery Shopping/Food Pantry programs? Y N If yes, where would you prefer to go? \_\_\_\_\_

I have reviewed the diet information above and understand that the duty of MEALS at HOME is to deliver my food.  
 MEALS at HOME does not prepare the food. I hold MEALS at HOME free of harm from the effects of any incident that  
 may occur in the normal course of business between MEALS at HOME, its volunteers and myself.

\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_