



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: ___ b _____ *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 _____