

*Meals For The Elderly*

RECIPIENT APPLICATION

310 E. Houston Harte, San Angelo TX 76903  
655-9200 Fax: 653-6802

Date \_\_\_\_\_

Ref By \_\_\_\_\_

Ph \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Primary Language \_\_\_\_\_

Home Health Provider \_\_\_\_\_ Phone \_\_\_\_\_

What hours is the home health provider in the home? (Please put a time next to the days )

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Total number of people living in the household including the applicant \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Health Problems \_\_\_\_\_

Condition (Please circle one): Temporary Permanent Length of Temporary Condition: \_\_\_\_\_

DIET TYPE (Please circle one): Regular Diabetic

Spouse \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Language \_\_\_\_\_

Home Health Provider \_\_\_\_\_ Phone \_\_\_\_\_

What hours is the home health provider in the home? (Please put a time next to the days )

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Total number of people living in the household including the applicant \_\_\_\_\_

Spouse's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Health Problems \_\_\_\_\_

Spouse's Condition (Please circle one): Temporary Permanent Length of Temporary Condition: \_\_\_\_\_

DIET TYPE (Please circle one): Regular Diabetic

Next of Kin \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Wk \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contacts: Can be neighbor, relative, or friend (At Least 2, must be different from next of kin)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Contributing for Meals? (Please circle one) Yes No By Whom: Family/Self \_\_\_\_\_

Would you like to receive supplemental pet food? (Please circle one) Yes No

# of Cats \_\_\_\_\_ # of Dogs \_\_\_\_\_

Is the applicant a veteran? (Please circle one) Yes No

Description of House/Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Start Date \_\_\_\_\_ Route \_\_\_\_\_ Sequence # \_\_\_\_\_ Authorized by: \_\_\_\_\_