

Meals on Wheels Application Form

Complete this form and return to:
 Lutheran Community Services Northwest
 Attn. Meals on Wheels
 223 N. Yakima Ave
 Tacoma, WA 98403
 You may also fax to: (253) 597-6456

Name _____ Age _____
 Address _____ Apt. # _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Message Phone _____

Please Answer the following questions:

	Yes	No
Do you live alone?		
If not, does anyone else in the household require meals?		
Are you able to get around your home?		
Are you able to get outside?		
Are you able to shop for groceries?		
Do you have an oven (conventional or microwave)?		
Are you able to operate your oven independently?		
Do you have adequate freezer space to store at least Seven (7) meals at a time?		
Are you on a special diet?*		

*If yes, what kind of diet? _____

Person to contact in case of an emergency _____

Relationship to you _____ Phone Number _____

Where did you hear about Meals on Wheels? _____

How do you wish to pay for your meals? Check one
Cash Check

Applicant's Signature _____ Date _____

If you received help with this application, please have that person(s) complete the following:

Name _____ Relationship to Applicant _____

Home Phone _____ Message Phone _____

Note: A Meals on Wheels representative will contact you once your application is received. Thank you!