

Frederick County Senior Services Division
Meals on Wheels and Home Delivered Meals Application

Date: _____ Referred by: _____ Relationship: _____ Phone: _____

APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Address: _____ Apt/Unit #: _____

Apartment Complex/Neighborhood: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ Date of Birth: _____ Age: _____

How many individuals live in the home? _____ Name/Relationship: _____

What is your primary language? English__ Spanish__ Other__ (Please specify) _____

Do you require any hearing, vision, or language assistance? Yes__ [Language Interpreter__ ASL Interpreter__] No__

APPLICANT DEMOGRAPHIC INFORMATION

What sex do you identify as?: Female__ Male__ Transgender/Other _____ Declined__

Ethnicity: Hispanic/Latino__ Not Hispanic/Latino__ Declined__

Race (check all that apply): American Indian/Alaskan__ Native Asian/Pacific Islander__ African-American__
 White/Caucasian__ Other _____ Declined to answer__

Marital Status: Single__ Married__ Widowed__ Divorced__ Separated__ Unknown__ Declined__

Did you or your spouse serve in the military? Yes__ No__ Declined__ If yes, who served? _____

Are you a registered voter? Yes__ No__ (If no, would you like to register? Yes__ No__) Decline__

Are there firearms or other weapons in the home? Yes__ No__

Please be advised that all weapons are required to be unloaded and stored in a safe and secure manner when volunteers and staff make meal deliveries and home visits. Failure to do so could result in immediate suspension or termination of Meals on Wheels/Home Delivered Meals service.

How many pets are there in the house? Dog(s) __ Cat(s) __ Other__ Do you need assistance with pet food? Y__ N__

CONTACT INSTRUCTIONS

Call Applicant __ Call Contact Below__

Contact Name: _____ Relationship: _____ Phone: _____

Is there anything else we should know when contacting you? _____

<p>FOR OFFICE USE ONLY [date (mm/dd/yyyy) and initial as completed]</p> <p>Referral Received _____</p> <p>Level 1 Screen _____</p> <p>Priority Level (from Page 2) A B C D E</p> <p>AIM Entry Completed _____</p> <p>MOW Log Entry Completed _____</p> <p>MapQuest Completed _____ Route Assigned _____</p>	<p>AIM Number _____</p> <p>Home Visit Completed _____</p> <p>Nurse Review _____</p> <p>Withdrawn ____ Closed ____ Denied ____</p> <p>Reason/Date _____</p> <p>Service Initiated _____ Service Terminated _____</p>
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1. If you had groceries available, would you be able to use them to prepare meals?
 Yes (Skip to Question 3)
 No (Go to Question 2)
2. Do you have reliable help with meal preparation?
 Yes (Continue to Question 3)
 No (APPLICANT IS **LEVEL A** PRIORITY.) Skip to Page 3

During the last month...

3. How often was this statement true? “The food that I bought just didn’t last, and we didn’t have money to get more.”
 Often (1 point)
 Sometimes (1 point)
 Never (0 points)
4. How often was this statement true? “We couldn’t afford to eat balanced meals.”
 Often (1 point)
 Sometimes (1 point)
 Never (0 points)
5. Did you or other adults in your household ever cut the size of your meals because there wasn’t enough money for food?
 Yes, on 3 or more days (1 point)
 Yes, on 1 or 2 days (1 point)
 No (0 points)
6. Did you or other adults in your household ever skip meals because there wasn’t enough money for food?
 Yes, on 3 or more days (1 point)
 Yes, on 1 or 2 days (1 point)
 No (0 points)
7. Did you ever eat less than you felt you should because there wasn’t enough money for food?
 Yes (1 point)
 No (0 points)
8. Were you ever hungry but didn’t eat because you couldn’t afford enough food?
 Yes (1 point)
 No (0 points)

Add the points from Question 3-8 and enter in this blank: _____

9. Are you able to get groceries into your home when you need them?
 Yes Select the range this applicant’s score from 3-8 fits into:
 Score is 0-1 Stop questionnaire – APPLICANT IS **LEVEL E** PRIORITY
 Score is 2-6 Stop questionnaire – APPLICANT IS **LEVEL C** PRIORITY
 No Select the range this applicant’s score from 3-8 fits into:
 Score is 0-1 Stop questionnaire – APPLICANT IS **LEVEL D** PRIORITY
 Score is 2-6 Stop questionnaire – APPLICANT IS **LEVEL B** PRIORITY

Applicant’s Food Security Priority Level _____

TRANSPORTATION

Do you drive? Yes ___ No ___ If so, how often? _____
 Purpose? _____

Do you use a van service? Yes ___ No ___

Do you depend on public bus service? Yes ___ No ___

Do you depend on family and friends? Yes ___ No ___

Do you depend on a volunteer group? Yes ___ No ___ If so, what group? _____

NUTRITION SCREEN

Do you have a dietary influenced illness?	Yes	No	
Do you eat less than 2 meals per day?	Yes	No	
Do you have 3 or more alcoholic drinks per day?	Yes	No	
Do you eat less than 5 servings of fruits, vegetables, and dairy products per day?	Yes	No	
Do you have tooth or mouth problems making it difficult to chew or eat?	Yes	No	
Do you lack money to buy food on a regular basis?	Yes	No	
Do you usually eat alone?	Yes	No	
Do you use 3 or more prescription and/or over the counter medications each day?	Yes	No	
Have you lost or gained 10 pounds in the last 6 months without trying?	Yes	No	
Are you unable to shop for food, cook, or eat regularly?	Yes	No	

Number of Yes answers _____

- 0-2** Not at nutritional risk.
- 2-5** Moderate risk. Client should discuss with health care provider at next regular visit.
- 6+** High nutritional risk. Referral to health care provider or dietician recommended.

Height _____ Weight _____

DIET REQUIREMENTS

_____ Regular Diet (A Heart Healthy diet designed to be low in sodium [1,000 mg], sugar, and fat. This diet is suitable for most people, **including diabetics** who control their condition with diet and medication.)

_____ Diabetic Diet/Low Carbohydrate*

_____ Mechanical Soft Diet*

_____ Low Cholesterol Diet*

_____ Low Sodium Diet* Rx _____ mg Na

_____ Other* _____

***A prescription is required from your health care provider. Please note, not all MOW/HDM vendors preparing meals are able to provide prescription diets.**

Do you have any **severe food allergies**? Please specify _____

While every attempt will be made to exclude allergy causing foods, the Frederick County Senior Services Division and the meal vendors are not able to guarantee such food items do not come in contact with, or are included in meals provided to Meals on Wheels/Home Delivered Meals clients. It is an individual meal recipient's responsibility to examine the food provided, and avoid items that may cause an allergic reaction.

Please note that Maryland Department of Aging regulations require specific food components be included in the meals provided to Meals on Wheels recipients. This program does not offer individual menu choices or accommodate specific food requests and substitutions.

Emergency Contact #1

Name _____ Relationship _____
Address _____ City/State/Zip _____
Home Phone _____ Cell Phone _____
Email _____ Work Phone _____

Emergency Contact #2

Name _____ Relationship _____
Address _____ City/State/Zip _____
Home Phone _____ Cell Phone _____
Email _____ Work Phone _____

Person Responsible for Financial Contributions, if not the applicant.

Name _____ Relationship _____
Address _____ City/State/Zip _____
Home Phone _____ Cell Phone _____
Email _____ Work Phone _____

AGENCIES CURRENTLY PROVIDING ASSISTANCE

Agency _____ Phone _____
Contact Person/Title _____
Reason for service _____

Agency _____ Phone _____
Contact Person/Title _____
Reason for service _____

Agency _____ Phone _____
Contact Person/Title _____
Reason for service _____

The information provided on this application is true and accurate to the best of my knowledge. I agree to allow Frederick County Senior Services Division staff to complete a phone assessment and home visit/evaluation prior to being considered for Meals on Wheels/Home Delivered Meals services.

I agree to allow Frederick County Senior Services Division staff to share information with other staff, healthcare providers, partner agencies, and with representatives of agencies currently providing me with services, as appropriate. I agree to notify Frederick County Senior Services Division if information on my application changes (i.e., emergency contact information).

I have read and understand the Meals on Wheels/Home Delivered Meal criteria for service and the contribution policy and I would like to be contacted by a Frederick County Senior Services Division staff person to continue the application process.

Print Name _____ Signature _____ Date _____

Return to the Frederick County Department of Aging by mail to: Frederick County Senior Services Division, Attn: Meals on Wheels, 1440 Taney Ave, Frederick, MD 21702 or Fax to: 301-600-3554 or scan and email to: vskelley@frederickcountymd.gov.