

# Shepherd's Center of Raytown Meals on Wheels ~ Intake Form

7311 Maple Dr. \* Raytown, MO 64133\* (816) 356-9002

**Personal Information:**

Phone: \_\_\_\_\_

Name(s): \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status: Single\_\_\_\_ Married \_\_\_\_ Widow/Widower\_\_\_\_

Gender: (circle one) M / F

Does client live alone? Y\_\_\_ / N\_\_\_ If not, with whom does he/she live? \_\_\_\_\_

**Billing Information:** (person responsible for payment if other than self):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Recipient(s): \_\_\_\_\_

**Schedule:**

Days to Deliver (circle all that apply) M T W TH F Number of meals to deliver each day \_\_\_\_\_

Drink Preference (**choose one**): 2% Milk \_\_\_\_\_ Skim Milk \_\_\_\_\_ Juice \_\_\_\_\_

**Local Emergency Contact Information:**

Relative's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to Client: \_\_\_\_\_

Neighbor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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**For Office Use Only:**

Application Rcvd: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date to begin: \_\_\_\_/\_\_\_\_/\_\_\_\_ Payment Rcvd Y\_\_\_ N\_\_\_

Rte Assigned: \_\_\_\_\_ Set Up: DD\_\_\_\_, Rte \_\_\_\_, Mthly Acct \_\_\_\_, Stmt \_\_\_\_, Mail Lbl\_\_\_\_, Bill Lbl\_\_\_\_, Dnk Lbl \_\_\_\_\_

## **Meals on Wheels ~ Intake Form**

### **Physical Condition:**

Physical Limitations (e.g. moves slowly; impaired hearing or sight, etc.): \_\_\_\_\_

\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

### **Other Important Information:**

Delivery Instructions (front or back door, are you able to answer the door etc.): \_\_\_\_\_

\_\_\_\_\_

Driving Directions (major cross streets / special directions): \_\_\_\_\_

\_\_\_\_\_

Reason for requesting this service: \_\_\_\_\_

How did you hear of our program? \_\_\_\_\_

Church Affiliation (optional): \_\_\_\_\_

### **Which of the following programs/services interests you?**

Handyman Repair \_\_\_\_\_ Wheels that Care \_\_\_\_\_ Telephone Reassurance \_\_\_\_\_ Respite Care \_\_\_\_\_

Adventures in Learning \_\_\_\_\_ Exercise Group \_\_\_\_\_ Book Club \_\_\_\_\_ Bridge & Card Group \_\_\_\_\_ Tai Chi Chih \_\_\_\_\_

Breaktime Club \_\_\_\_\_ Let's Eat Out Club \_\_\_\_\_ Stoke Support Group \_\_\_\_\_

HEAR (Health Emergency Assistance Registry – during weather emergencies) \_\_\_\_\_

Project Life Saver (Electronic Technology to Locate Missing Persons) \_\_\_\_\_

Raytown Postal Carrier Alert Program (Assistance for those who live alone) \_\_\_\_\_