



1402 Borger Street
Plainview TX 79072

Fax: 806-329-2130 / email Ashley.plainviewmow@gmail.com

NOTICE: In order for Health & Human Services to pay for the cost of your meals, you must apply for assistance through the Texas Department on Aging and Disability. Telephone number is 1-877-723-9049. Eligibility is based on age and disability.

Name: _____ DOB: _____

Address: _____

Home telephone: _____ Cell: _____ Email: _____

Emergency Contact:

Name: _____

Address: _____

Home phone: _____ Cell: _____ Work: _____

Name & address of your doctor: _____

Generally describe client's physical condition (walker, wheelchair, cane diabetes, vision, hearing etc.) _____

Please check all that apply:

_____ I am on hospice care. Agency: _____

_____ I have been released from the hospital within the last 5 days and understand that meals will be provided from community donations if available for 10 days (age 60 or over or disabled).

_____ I am an honorably discharged veteran over the age of 65, or a dependent or surviving spouse of a veteran. Attached is veteran verification form and documentation of military service. Spouses must provide proof of marriage by either a marriage license or death certificate of veteran naming surviving spouse. I understand I will need to fill out a Veteran Application.

_____ If none of the above apply, I understand that I will pay \$4.25 per meal for noon time meal delivered Monday through Friday (age 60 or over or disabled).

_____ Other _____

Date of application

Signature of Applicant