MEALS on WHEELS HALE COUNTY

1402 Borger Street
Plainview TX 79072
Fax: 806-329-2130 / email Ashley.plainviewmow@gmail.com
Plainviewmealsonwheels.org

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 or 1-888-241-1570. Eligibility is based on age and disability.

State referral # _____

Name: _____ DOB: _____

Address:_____

Home telephone: _____ Cell: _____

Emergency Contact:

Name: _____

Address:_____

Cell: _____

I have illness or condition that made me change what food/how much I eat.	Yes / No
I eat fewer than 2 meals a day	Y / N
I eat few fruits, veggies or milk	Y / N
I have 3 or more alcoholic drinks per day	Y / N
I have tooth or mouth problems	Y / N
I don't always have enough money to buy food	Y / N
I eat alone most of the time	Y / N
I take 3 or more medicines	Y / N
I have lost or gained 10 pounds in the last 6 mo.	Y / N
I am not always able to shop, cook or feed myself	Y / N

Generally describe client's physical condition and why MOW is needed and any special instructions (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).

_____ If none of the above apply, I understand that I will pay $5.25 per meal for noon time meal delivered Monday through Friday (age 60 or over or disabled).

_____ Other _____

_____ _____

Date of application Signature of Applicant