

Senior Center of Boulder City
813 Arizona Street
Telephone 293-3320 Fax 293 5628

HOME DELIVERED MEAL REFERRAL APPLICATION

IMPORTANT: This is a referral for home delivered meals service, not an automatic enrollment into services. Once a referral has been made, a home assessment will be conducted by the home delivered meal service staff to evaluate eligibility for the program. Individuals eligible for the program will have their meals delivered as soon as possible. Referrals made by a medical facility or social services agency may begin meals before assessment. Assessment will be completed within 2 weeks.

Person making Referral: _____ Phone: _____

Referral Agency: _____ Date: _____

To qualify for the Program, the following criteria must be met:

- Age 60 or older and incapacitated due to accident, illness or frailty and lack support of family, friends or neighbors
- Age 60 or older unable to prepare meals due to a lack or inadequacy of facilities or an inability to shop, cook or prepare meals safely.

Client Information: **NOTE:** Funding sources REQUIRE Date of Birth and at least the last four digits of the Social Security Number.

PLEASE PRINT Last Name: _____ First Name: _____ M.I. _____

Date of Birth: ____/____/____ SSN: ____-____-____ Male Female LIVES ALONE

Address: _____ Apt # _____ City _____

ZIP: _____ Phone: _____ If apartment, name of complex: _____

What problems are preventing this individual from preparing meals or attending a congregate site?

Marital Status: _____ Meal for Spouse? Yes No

Pet(s) No Yes, describe _____

Need for meals is: Long-term Temporary - estimate how long: _____