Meals on Wheels Intake Form

Last Name: _____

Is the person under Elderly Waiver? ☐ Yes ☐ No
If yes, list county social worker setting up meals: _____
How many meals allowed per month: _____

Name:	**BILLING ADDRESS** *(if different from meal receipt)*
DOB:	**Name:**
Address: Willmar, MN 56201	**Address:**
Telephone: 320-	**Telephone:**

Meals cost is $5.69 per meal and statements are sent the beginning of the month for meals received the previous month. Bills are due upon receipt. _____ *(initial)*

Date to start meals: _____*(include year)*

When do you want to receive meals:

- ☐ Monday through Friday = "Everyday"
- ☐ Monday through Saturday = "Everyday + Saturday"
- ☐ Other: _____

Delivery Instructions: _____

EMERGENCY CONTACTS: MEAL RECIPIENTS MUST PROVIDE AT LEAST ONE EMERGENCY CONTACT TO RECEIVE MEALS.

FIRST EMERGENCY CONTACT	SECOND EMERGENCY CONTACT
Name:	**Name:**
Relationship:	**Relationship:**
Phone:	**Phone:**
Address:	**Address:**

Do you have a nurse or home health aide visiting your home? ☐ Yes ☐ No
If yes, please list their name and number: _____

Do you need one of our special diets? ☐ Yes ☐ No
If yes, please check one of the following:
☐ **Diet 1** – No Salt/Low Salt ☐ **Diet 2** – Diabetic/Low Fat ☐ **Diet 3** – Combo: No Salt/Low Salt & Diabetic/Low Fat

What is your beverage preference? ☐ **Milk – 2%** or ☐ **Juice**

Do you need a "Special Second Meal"*(to be used for evening or weekend)*? ☐ Yes ☐ No
If yes, what days? ☐ **Monday** ☐ **Tuesday** ☐ **Wednesday** ☐ **Thursday** ☐ **Friday** ☐ **Saturday**

MAIL OR FAX TO: West Central Industries – PO Box 813, 1300 SW 22nd Street, Willmar, MN 56201
Phone: 320-235-5310 **Fax:** 320-235-5376