

# PLOWSHARES MEALS-ON-WHEELS (MOW) INTAKE FORM

Email or Fax completed form to:

[plowsharesmow@pacific.net](mailto:plowsharesmow@pacific.net) / FAX 462-0320

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Referred By: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Doctor's Name and Phone #: \_\_\_\_\_

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

Special instruction (i.e. use back door, side gate): \_\_\_\_\_

## Please check all that apply:

- No Meat – Vegetarian       Severe Food Allergies \_\_\_\_\_
- Microwave       Refrigerator       Freezer
- Under 60 years old and homebound       Veteran

## Meal Delivery (check all that apply):

- Monday (One hot, plus two frozen meals, plus milk, salad, bread, treats for Tues/Wed)
- Thursday (One hot, plus three frozen, salad, bread, treats for Fri-Sun)

Deliveries arrive between 11am and 1pm Monday and Thursday.

## EMERGENCY CONTACTS

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

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

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

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

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