



Claremont Meals on Wheels

845 Bonita Ave., Oak Tree Lodge

Pomona, CA. 91767-2020

909-621-4018

INTAKE FORM (v.9, 1/20/15)

This form is used to create the computer record and is not given to the client. Complete all sections of this form. Please be sure to provide the client with a copy of the Client Agreement which contains both client and MOW responsibilities. **PLEASE PRINT CLEARLY.**

Agreement to Receive Meal Service beginning on **Monday**: _____:

First Name Middle Initial Last Name Birthdate (DD/MM/YYYY) (M)ale/(F)emale

Street Address (Include N/S/E/W) Apt./Unit/Lot Number City Zip Code

Home Phone (with area code) Cell Phone (with area code) E-Mail Address

As a client, do you want Meals on Wheels to initiate a wellness check if your condition cannot be ascertained by the delivery person? Yes _____ No _____ (*Please have client initial their choice*)

Handicapped/Frail? (Y/N) _____ Primary Language: _____ Number of people living in the house: _____

Household caregiver? (Y/N) _____ Caregiver Name/Phone: _____

Relative's Name and Relationship Address Phone(s)(with Area Code) Emergency Contact ? (Y/N)

Other Contact Relationship to Client Phone(s)(with Area Code) Emergency Contact ? (Y/N)

Doctor's Name Address /Company Phone(s)(with Area Code) Emergency Contact ? (Y/N)

Diet:

Meal Type _____ (Regular or Diabetic [*not strictly diabetic*])

Milk Type _____ (Whole Milk, Low Fat Milk, Non Fat Milk, No milk, or Juice)

Restrictions _____ (No Fish, No Pork, No restrictions)

Double meal on Fridays? (Y/N) _____

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Participation in the programs below may qualify a client for a subsidy.

Bureau of Indian Affairs General Assistance (BIA GA)	Food Stamps (SNAP)
Healthy Families Categories A and B	Head Start Income Eligible-Tribal Only
Low Income Home Energy Assistance Program (LIHEAP)	Medi-Cal/Medicaid
National School Lunch Program (NSLP)	Section 8 Housing
TANF or Tribal TANF	Women, Infants and Children (WIC)

Does the client participate in any of the programs listed above? (Y/N) _____

If billing is to other than the client:

First Name Middle Initial Last Name Relationship to Client

Street Address (Include N/S/E/W) Apt./Unit/Lot Number City Zip Code

Home Phone (with area code) Cell Phone (with area code) E-Mail Address

Physical Condition/Remarks:

(Please include such things as "client is slow to answer door", "client is blind", "client has had a stroke" etc.)

Delivery Instructions:

(Please include such things as pets, cooler on porch, door bell broken, please knock, etc.)

Signature of Client Date

CMOW Representative Date

