

MEALS ON WHEELS SERVICES

Funded through Ryan White Supplemental Grant and the Indiana State Department of Health

Please call MOW Client Services with questions. Toll-free: (844) 935-9353 local: (317) 252-5558.

Referrals can be scanned and emailed to Nick Fennig at nfennig@mealsonwheelsindy.org,
faxed to (317) 252-5559 or mailed to Meals on Wheels at P.O. Box 40969, Indianapolis, IN 46240.

PLEASE COMPLETE IN ENTIRETY

Name (Print): _____ Date: __/__/__

RW Client ID # (if applicable): _____ RW Expiration Date: _____

Is client's income below 300% federal poverty level? (circle one) YES NO

Address: _____ Apt. #: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: ____-____-____ Cell Phone: ____-____-____ DOB: __/__/__

CLIENT DEMOGRAPHICS

GENDER: Male Female Transgender: Male-to-Female Female-to-Male

RACE: African-American Caucasian/Non-Hispanic Hispanic Asian

Pacific Islander Native American Other: _____

CD4 Count: _____ Viral Load: _____ Height: _____ Weight: _____

Diabetes DX? YES NO A1C Level: _____ Hypertension DX? YES NO Blood Pressure: _____

HEALTH ISSUES: _____

MOBILITY ISSUES (factors that impact the client's ability to maintain an independent lifestyle):

Is the client pregnant? (circle one) YES NO

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone (Day): ____-____-____ (Evening): ____-____-____

NUTRITION EDUCATIONAL MATERIALS SPECIFIC TO HIV – sent directly to client in food box

Please check here if client wishes to OPT OUT of receiving these HIV-specific materials

REFERRING AGENCY INFORMATION

Referring Agency Name: _____ Contact Name: _____

Email Address: _____ Phone # _____ - _____ - _____ Fax # _____ - _____ - _____

MEDICAL INFORMATION & DIET ORDER

Patient/Client Name (Print): _____

Provider Name: _____ Phone #: _____ - _____ - _____

Clinic Name (if applicable) _____ Practicing Hospital _____

Phone _____ - _____ - _____ Ext. _____ Additional Phone _____ - _____ - _____

Diet Order (check all that apply or write order below):

- Regular Diet Renal Low Sodium Diabetic

DIETARY RESTRICTIONS: * All Meals on Wheels diets are Heart-Friendly**

- No Dairy No Seafood No Red Meat Other _____

Does the client have any allergies/intolerances to food? _____

PROVIDER DIET ORDER

Provider's Signature* and Date: _____

*can be signed by medical staff functioning on behalf of a physician or nurse practitioner.

*** Please note that Meals on Wheels cannot accommodate food preferences for daily meal delivery. Also, we cannot accommodate some food allergies. Our kitchens processes ingredients with common allergens such as wheat, egg, soy, dairy and others.