

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 David Carpenter at dcarpenter@mealsonwheelsindy.org
faxed to (317) 252-5559 or mailed to Meals on Wheels at 708 E. Michigan St., Indianapolis, IN 46202.

PLEASE COMPLETE IN ENTIRETY

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

HIVE number: _____ RW Expiration/Re-Certification Date: _____ Social Security #: _____

Address: _____ Apt. #: _____

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

Home Phone: ____ - ____ - ____ Cell #: ____ - ____ - ____ Email Address: _____ DOB: __/__/__

Preferred method of contact (circle): Phone # Email

EMERGENCY CONTACT INFORMATION (preferably close family member or friend)

Name: _____ Relationship: _____

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

CLIENT DEMOGRAPHICS

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

Do you have language barriers? _____

RACE: African-American Caucasian/Non-Hispanic Hispanic Asian
 Pacific Islander Native American Other: _____

REFERRING AGENCY INFORMATION

Referring Agency Name: _____ Care Coordinator Name: _____

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

MEDICAL INFORMATION

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

DIET ORDER

DOB: _____ Patient/Client Name (Print): _____

Provider Name: _____ Phone: _____ Fax: _____

Clinic Name (if applicable) _____ Practicing Hospital _____

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

- Regular Diet Renal Low Sodium Diabetic

Liquid Supplement Order: Ensure Ensure Plus Ensure Max Protein Glucerna

cans per day _____

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.