

MEALS ON WHEELS SERVICES

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

Please call MOW Client Services with questions: Local (317) 252-5558, Toll-Free 1-833-620-0332
Referrals can be scanned and emailed to meals@mealsonwheelsindy.org or faxed to (317) 252-5559.

PLEASE COMPLETE IN ENTIRETY

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

Legal Name (if different from Client Name) _____

HIVE number: _____ RW Expiration/Re-Certification Date: _____

Address: _____ Apt. #: _____

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

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

Preferred method of contact (circle one): Phone # Email

EMERGENCY CONTACT INFORMATION (preferably close family member or friend)

Name: _____ Relationship: _____

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

CLIENT DEMOGRAPHICS

DESCRIPTOR: Cisgender Transgender

GENDER ID: Male Female Non-Binary Other: _____

Pronouns: _____

Do you have language barriers? _____

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

Pacific Islander Native American Biracial 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

Is the client a Medicaid Waiver service recipient? 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

Other diet: _____

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

Liquid Supplement Order: Per Meals on Wheels Registered Dietitian recommendation

- 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.