



CITY OF HENDERSON  
240 Water Street  
P.O. Box 95050  
Henderson, NV 89009

**PUBLIC WORKS, PARKS AND  
RECREATION**  
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## Black Mountain Senior Nutrition Program/Meals on Wheels Homebound Meals Referral Application

This program is for City of Henderson residents ages 60 and older and homebound due to illness or frailty, and lack the support of family, friends, neighbors or agencies.

### Client Information (please print legibly or type)

*Funding sources require date of birth*

Last name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

Name of apartment/housing complex and gate/door entry code: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ - \_\_\_\_\_

Recently discharged from hospital or on home hospice?  Yes  No

Is client driving?  Yes  No

Does client require a special diet? (Renal, liquid, other \_\_\_\_\_)  Yes  No

What medical conditions are preventing this individual from preparing meals or attending a congregate site?  
\_\_\_\_\_  
\_\_\_\_\_

Special conditions (e.g., hard of hearing, language barrier, dog, side entrance): \_\_\_\_\_  
\_\_\_\_\_

Person making referral: \_\_\_\_\_ Home: \_\_\_\_\_  
Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

**Important:** This is a referral for home-delivered meals service, not an automatic enrollment into services.