



## Black Mountain 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)

*Note: 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 (i.e., 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.