

BLUE LEDGE MEALS ON WHEELS

CLIENT APPLICATION

P.O. Box 1332
Amherst, VA 24521
(434) 942-4864
coordinator@blueledge.org

For Official Use Only

Date of Application _____
Beginning Date _____
Route _____

CLIENT INFORMATION

Name _____ Male ___ Female ___

Street Address _____

City _____ Zip _____

Phone _____ Date of Birth _____

Check each day you would like meals delivered: M ___ T ___ W ___ Th ___ F ___

EMERGENCY CONTACTS

1. Name _____ Relationship _____

Street Address _____

City _____ Zip _____

Phone numbers (home) _____ (cell) _____ (work) _____

2. Name _____ Relationship _____

Street Address _____

City _____ Zip _____

Phone numbers (home) _____ (cell) _____ (work) _____

How did you hear about us? _____

Do you have any food restrictions (e.g. allergies, diabetes) _____

CAN YOU OR YOUR FAMILY MAKE A FINANCIAL CONTRIBUTION TOWARDS YOUR MEALS?

Blue Ledge is an independent Meals on Wheels program with no government funding, serving people who do not have the benefit of daily meal delivery from the local Area Agency on Aging. Our costs are met through community donations, foundation grants and fundraising activities. We encourage clients or their families to make a contribution towards the cost of meals, at whatever level they can comfortably manage.

The normal contribution per meal is \$3.50, although this does not cover the full cost of the meal to us. We accept contributions of up to \$3.50/meal, at whatever level the client or family can manage. If sponsorships are available, we can offer food at no cost to those who cannot manage any contribution.

CLIENT NAME _____

Per Meal Contribution _____

Individual Responsible for Paying Contribution Each Month:

Name _____

Mailing Address _____

Phone Number _____

Statements are mailed to the above address at the end of each month with return address envelope.

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