



CLIENT APPLICATION

Blue Ledge Meals on Wheels
P.O. Box 1332
Amherst, VA 24521
(434) 942-4864
coordinator@blueledge.org

FOR OFFICE USE ONLY

Date of Application ____/____/____
Beginning Date ____/____/____
Route Number _____

REFERRAL

Referred by _____
Phone _____
FAX _____

RECIPIENT INFORMATION

Name _____ Sex _____
Address _____
____ Street (Apt.#)
City _____ Zip _____
County _____ Phone _____ Date of birth _____

EMERGENCY CONTACT

1. Relative _____
Relationship _____
Address _____
____ Street (Apt.#)
City _____ Zip _____
Phone (H) _____
(W) _____

2. Friend/Relative _____
Relationship _____
Address _____
____ Street (Apt.#)
City _____ Zip _____
Phone (H) _____
(W) _____

MEAL SERVICE INFORMATION

DAYS MEALS NEEDED (check each day meals are needed)

___ MON ___ TUES ___ WED ___ THURS ___ FRI

DIET NEEDED (All diets are no-salt-added)

___ General ___ Diabetic ___ Renal ___ Vegetarian ___ Chopped Meat ___ Pureed

FOOD ALLERGIES _____

DISABILITY/MOBILITY

___ Speech ___ on Oxygen ___ Ambulatory ___ Bedridden
___ Hearing ___ Visual ___ Cane/Walker ___ Wheelchair

LIVING ARRANGEMENT/HOUSING ARRANGEMENT/TRANSPORTATION

___ Alone ___ Home Do you drive? Yes / No
___ with Relatives ___ Apartment
___ Other ___ Other

FEE INFORMATION

There is a fee for meals, and our success at increasing donations allows us to currently offer the meal at the price of **\$3.50** per meal. The actual cost of a meal is much higher. The \$3.50 fee is valid only as long as we receive donations sufficient to cover actual cost. We will inform you should the fee change, so that you can determine if you desire to continue the service.

BILLING INFORMATION

Please send monthly bill to:

Name _____
First _____ Last _____

Address _____

_____ Street (Apt.#)

City _____ Zip _____

Phone (H) _____ (W) _____

I understand and agree to the following billing procedures:

1. Statements are mailed at the end of the month and payable upon receipt.
2. Regular fees are charged for meals if cancellations are not made by 9 a.m. of the day of service.
3. Fee adjustments might be made at any time during program participation and you will have opportunity to continue or discontinue the service.

NOTE: Please call (434) 907-3625 for more information.

RELEASE OF INFORMATION: Our volunteers are provided the basic information of your meal request and the person to contact for medical emergencies. We do not release this information to any local, state or federal organization and is held in strict confidence between you the client and BLUE LEDGE Meals on Wheels.

of Applicant or Designee _____ Signature