



Phone: (302) 645-7449
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Web: www.mealsonwheels-lr.org
Email: info@mealsonwheels-lr.org

Today's Date: _____

MOWLR Referral Intake Form

Client's Information

Name: _____
 Last Name First Name Middle Initial

Address: _____
 Street Address Apartment/Unit #

_____ City State ZIP Code

Social Security Number: _____

Directions to Home:

Phone Number: (____) _____ Home Cell

Alternate Phone Number: (____) _____ Home Cell

Email Address: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Race: _____ Are you a Veteran?: Yes No

Have you ever received meals from our program before? Yes No If yes, when? _____

Marital Status: Single Married Divorced Separated Widowed

Living Arrangement: Lives alone Lives with spouse Other please specify: _____

Client's Medical Information

Name of Primary Care Physician: _____

Phone Number: (____) _____ Fax Number: (____) _____

Do you have a Medical Alert? Yes No

Summary of Any Health Conditions: _____

Client's Dietary Information

Do you have any dietary restrictions or food allergies? (We serve a Heart Healthy Diet to all our clients.)

Requested Diet Consistency: _____ Issues with chewing/swallowing your food? Yes No

Emergency Contact Information

Name: _____ Phone Number: (____) _____ Relationship: _____

Name: _____ Phone Number: (____) _____ Relationship: _____

Referral and Additional Information

Name of Referral Source: _____ Phone Number: (____) _____

If not referring yourself, does the person know this referral is being made for them? Yes No

Summary of Environment, Support Systems, In-Home Services, etc.: _____

Primary Language Spoken at Home: _____

Who should we contact if English is not the primary language spoken? _____

Key Information: _____ If Client Not at Home: _____

Any additional information: _____

An outreach worker will call client within 5 working days of referral date.

OFFICE USE ONLY	
Referral Date	
Referral Time	
Intake Staff	

OFFICE USE ONLY	
Start Date	
Discontinued Date	
Restart Date	

“It is the mission of Meals on Wheels Lewes-Rehoboth to feed the homebound and reduce the alternative of institutionalization.”