



START DATE _____ DELETE DATE _____

ROUTE # _____

CLIENT ASSESSMENT FORM

Date: _____

Name: _____ Subdivision: _____

Address: _____ Apt./Unit # _____

City: _____ State: _____ Zip Code: _____

Phone No.: (h) _____ (c) _____ Ethnic Origin: _____

Single ___ Married ___ Widow(er) ___ Divorced ___ Birth date: _____ Age _____ Sex _____

Referred by: _____

Relationship: _____ Phone: _____

Primary Doctor: _____ Phone: _____

Address: _____

Family/Emergency Contact Information

Local Contact: _____

Relationship _____ Phone: _____ Zip _____

Address: _____ City/State _____

Nearest Living Relative: _____

Relationship _____ Phone: _____ Zip _____

Address: _____ City/State: _____

Religious Preference: _____

Medical Reason For Need

Preliminary Financial Overview

Income (social security, retirement, disability) _____

Rent/Mortgage? _____ **Monthly Expenses** _____

~~**Meal Cost:** Can client pay full cost of meal? Yes _____ No _____ If no, how much? _____~~

~~If no, why not: _____~~

Meal Needs

Diet: General Vegetarian _____ Diabetic Chopped _____ Renal _____

Food Allergies/Drug interactions: _____

Beverage: 2% Milk _____ Water _____

Meals/week: Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____

Delivery Instructions: _____

~~_____ I agree to provide \$ _____ per meal/per _____ for meals provided by Meals on Wheels of Horry County.~~

_____ I confirm that I have discussed with the MOW Representative and I understand the Client Responsibilities as stated.

For value received, the undersigned, his or her heirs, administrators, executors, and assigns, hereby, expressly releases and agrees to hold harmless Meals on Wheels of Horry County, Inc. and its agents, from any and all claims arising out of or in any way related to the furnishing and service of meals to the undersigned by Meals on Wheels of Horry County, Inc. The undersigned further understands and agrees that Meals on Wheels of Horry County, Inc. reserves the right, at any time and for any reason(s), to discontinue the furnishing and service of meals.

Signature of Applicant: _____ Date _____

MOW Representative _____ Date _____

Deletion Date & Reason _____