



Mobile Meals PO Box 1343 Wenatchee, WA 98807 Phone 509-433-3166  
mobilemealsofwenatchee@yahoo.com

*Meals are prepared by Central Washington Hospital. Central Washington Hospital/Mobile Meals is not responsible for food allergies or dietary requirements. Each meal recipient is responsible for monitoring their own dietary requirements.*

Mobile Meals Recipient Criteria

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Please mark the criteria below that best describes your current situation.

- Homebound (unable to travel to purchase food from a grocery store or restaurant) or unable to prepare meals
- Experiencing an injury, illness, or recovering from a surgery that causes a temporary hardship for the applicant to obtain meals
- Receiving hospice or other related care
- I have a caregiver who could provide meals

Recipient Signature - \_\_\_\_\_

If this form is being completed by someone other than the meal recipient, please provide your name and contact information below:

Name - \_\_\_\_\_

Address - \_\_\_\_\_

Phone number - \_\_\_\_\_

Signature - \_\_\_\_\_

Relationship to meal recipient - \_\_\_\_\_