



**Mobile Meals**

## Application for Meal Delivery

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. For details on eligibility criteria, payment expectations, and notices about board review and non-discrimination, visit:

<http://www.mobilemealsofwenatchee.org/criteria.html>

### I – ELIGIBILITY & CONTACT INFORMATION

Applicant Name \_\_\_\_\_

Applicant Phone # \_\_\_\_\_

Delivery Address \_\_\_\_\_

Wenatchee \_\_\_ East Wenatchee \_\_\_

Please check the criteria that best describes your current situation:

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

If you are not the meal recipient, please provide your information here:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Relationship to meal recipient: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

## II – FOOD CHOICES

*Meals are prepared by Central Washington Hospital. Mobile Meals of Wenatchee/Central Washington Hospital is not responsible for food allergies or dietary requirements.*

Please select one: Entrée/starch/vegetable \_\_\_ OR Entrée/2 vegetables \_\_\_

Please select one: Fruit \_\_\_ OR Dessert \_\_\_ OR Fruit or Dessert on alternate days \_\_\_

Add Soup \_\_\_ (\$1.50 extra)

Add Salad \_\_\_ (\$1.50 extra)

## III – DELIVERY DAYS

Please circle what days you would like to receive deliveries:

Monday    Tuesday    Wednesday    Thursday    Friday

## IV – PAYMENT INFORMATION

*Mobile Meals currently asks each recipient to pay \$5.50 per meal. Soup or salad adds \$1.50 to the meal price. Depending on a recipient's ability to pay, this price may be reduced. The minimum price is \$2.00.*

I will pay \$ \_\_\_\_\_ per meal.

(\$5.50 for no soup or salad / \$7.00 with soup or salad / \$8.50 for both soup and salad)

(Pre-fill the \$ amount based on soup/salad selection above. Also allow a different price to be entered.)

Payment will be made: Weekly \_\_\_ Monthly \_\_\_ (select one)

Please send a monthly invoice. Yes \_\_\_ No \_\_\_

I would like my invoice: \_\_\_ emailed OR \_\_\_ Mailed

Someone else will pay:

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

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

**V - DEMOGRAPHIC SURVEY**

*This information is used for grant application purposes. Only summary data is used. Client names are never shared. Mobile Meals of Wenatchee serves all regardless of age, income, ethnicity, race, or gender.*

**Annual Income Level (based on a 1-person household)**

- less than \$24,999
- \$25,000-49,999
- above 50,000
- Prefer not to answer

**Racial & Ethnic Background**

- African American
- Asian or Pacific Islander
- Caucasian
- Hispanic
- Native American or Alaskan Native
- Other
- Prefer not to answer

**Age Group**

- 0 - 6
- 7 - 12
- 13 - 18
- 19 - 25
- 26 - 54
- 55 - 70
- 70+
- Prefer not to answer

**Gender**

- Female
- Male
- Prefer not to answer

**OFFICE ONLY**

**Start:** \_\_\_\_\_ **Delivery Days:** \_\_\_\_\_ **Payment per meal:** \_\_\$\_\_\_\_\_

**Stop:** \_\_\_\_\_ **Route:** \_\_\_\_\_ **Welcome letter/brochure date sent:** \_\_\_\_\_