

## Client Information and Waiver

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Apartment No. \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Birthday \_\_\_\_\_  
Sex:  Female  Male  
Are You:  Single  A Couple  
Do you live alone?  No  Yes  
Number of Adults in house \_\_\_\_\_  
Number of Children in house \_\_\_\_\_  
Date of first FFTH delivery \_\_\_\_\_  
FFTH client since (what year) \_\_\_\_\_  
Referred by (Name) \_\_\_\_\_  
their phone \_\_\_\_\_  
relationship to you \_\_\_\_\_  
Do you have a Caseworker or Visiting Nurse  
 No  Yes: Name & Phone \_\_\_\_\_  
\_\_\_\_\_

Do you have a Caregiver who lives in or out?  
 No  Yes - Please explain: \_\_\_\_\_  
\_\_\_\_\_

Can you shop and prepare meals for yourself?  
 No  Yes - Please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you applied for Meals on Wheels?  
 No  Yes - when: \_\_\_\_\_

Have you received Meals on Wheels before?  
 No  Yes - List Dates \_\_\_\_\_

Have you applied for or now receive the Brown  
Bag Program?  No  Yes

Have you applied for or now receive Food  
Stamps?  No  Yes

*(You may use the back of this page for comments...)*

## FOOD FROM THE HEART



Please check one or more:

- |  |  |
|--|--|
| <input type="checkbox"/> HIV                   | <input type="checkbox"/> MS                    |
| <input type="checkbox"/> Disabled              | <input type="checkbox"/> Injured               |
| <input type="checkbox"/> Hospice               | <input type="checkbox"/> Housebound            |
| <input type="checkbox"/> Limited Income        | <input type="checkbox"/> Grieving              |
| <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Cancer                |
| <input type="checkbox"/> Cardiopulmonary       | <input type="checkbox"/> Recently Hospitalized |
| <input type="checkbox"/> Other-describe: _____ |  |

Annual Household Income:

- |  |   |
|--|---|
| <input type="checkbox"/> under \$12,000      | <input type="checkbox"/> \$50,000 - \$75,000  |
| <input type="checkbox"/> \$12,000 - \$25,000 | <input type="checkbox"/> \$75,000 - \$100,000 |
| <input type="checkbox"/> \$25,000 - \$50,000 | <input type="checkbox"/> over \$100,000       |

Is your current situation causing you  
financial hardship?  Yes  No

In case of emergency, who can we contact:

\_\_\_\_\_ their phone \_\_\_\_\_  
relationship to you \_\_\_\_\_

*FFTH maintains the highest standards in preparation, freshness and cleanliness in preparing this food. Client assumes responsibility for proper food handling and storage after delivery and absolves FFTH from any claim of damages from consumption of the food and any reactions to food allergies they may have. I understand and accept this:*

\_\_\_\_\_  
**Your Signature & Date**

Directions to your home \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_