

# Home-Delivered Meal Information Sheet

Today's Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

## ELDER CONTACT INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Directions to Home/Color of House / Cross Streets / Identifying Landmarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the elder own dogs that could interfere with the delivery?  Yes  No

May the delivery person enter the elder's home after knocking, without waiting for a response from the elder?  Yes  No

Phone: \_\_\_\_\_

Sex:  Female  Male

Date of birth: \_\_\_\_\_

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DIASTER or EMERGENCY INFORMATION

In emergency, elder should be priority:  1 (High)  2  3 (Low)

Does elder need emergency water?  Yes  No

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CAREGIVER INFORMATION

Caregiver Name and Schedule: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Caregiver is:  Paid  Unpaid  Related  Not Related

Signature: \_\_\_\_\_