**Meals On Wheels – New Client Application **

**Client Information:**

First Name:  Middle Name:  Last Name:

Search for Address (preferred way to add/edit an address)

Street  City/State:  ZIP Code:

County:  Apt/Unit/Building: Phone: 

Alternate Phone:Email:  Birthday: 

**Payment Information:**

Name on Card: 

Card Number:  Exp Date:  CVV: 

**Meal Information:**

**MONDAY:** Hot [ ]  Cold [ ]

**COLD CHOICES:**

Bread: Wheat ☐ White ☐ Rye ☐ NO BREAD ☐

Milk: Whole Milk ☐ 2% Milk ☐ Skim Milk ☐ Lactaid ☐ NO MILK ☐

Juice: Apple ☐ Cranberry ☐ Orange ☐ NO JUICE ☐

Fruit: Fresh Fruit ☐ Fruit Cup ☐ NO FRUIT ☐

Salad Fresh Salad ☐ NO SALAD ☐

Sandwich Turkey & Cheese ☐ Ham & Cheese ☐ Tuna salad ☐ Chicken Salad ☐

Dailey Dessert Yes ☐ No ☐

**HOT CHOICES:**

Vegetarian ☐ Meat ☐

Daily Soup ☐ NO SOUP ☐

**WEDNESDAY:** Hot ☐ Cold ☐

**COLD CHOICES:**

Bread: Wheat ☐ White ☐ Rye ☐ NO BREAD ☐

Milk: Whole Milk ☐ 2% Milk ☐ Skim Milk ☐ Lactaid ☐ NO MILK ☐

Juice: Apple ☐ Cranberry ☐ Orange ☐ NO JUICE ☐

Fruit: Fresh Fruit ☐ Fruit Cup ☐ NO FRUIT ☐

Salad Fresh Salad ☐ NO SALAD ☐

Sandwich Turkey & Cheese ☐ Ham & Cheese ☐ Tuna salad ☐ Chicken Salad ☐

Dailey Dessert Yes ☐ No ☐

**HOT CHOICES:**

Vegetarian ☐ Meat ☐

Daily Soup ☐ NO SOUP ☐

**FRIDAY:** Hot ☐ Cold ☐

**COLD CHOICES:**

Bread: Wheat ☐ White ☐ Rye ☐ NO BREAD ☐

Milk: Whole Milk ☐ 2% Milk ☐ Skim Milk ☐ Lactaid ☐ NO MILK ☐

Juice: Apple ☐ Cranberry ☐ Orange ☐ NO JUICE ☐

Fruit: Fresh Fruit ☐ Fruit Cup ☐ NO FRUIT ☐

Salad Fresh Salad ☐ NO SALAD ☐

Sandwich Turkey & Cheese ☐ Ham & Cheese ☐ Tuna salad ☐ Chicken Salad ☐

Dailey Dessert Yes ☐ No ☐

**HOT CHOICES:**

Vegetarian ☐ Meat ☐

Daily Soup ☐ NO SOUP ☐

**Demographic Information:**

Gender: Male: [ ]  Female: [ ]  Prefer not to answer [ ]

Race/Ethnicity: Click or tap here to enter text.

Primary Language: Click or tap here to enter text.

Country of Origin: Click or tap here to enter text.

Marital Status: Click or tap here to enter text.

Disability Status: Click or tap here to enter text.

Veteran Status: Click or tap here to enter text.

**IN CASE OF EMERGENCY/2ND CONTACT:**

First Name:  Middle Name:  Last Name:

Search for Address (preferred way to add/edit an address)

Street  City/State:  ZIP Code:

County:  Apt/Unit/Building: Phone: 

**EXTRA MEALS:**

**Please add an extra meal:**

Tuesday: Hot ☐ Cold ☐

Thursday Hot ☐ Cold ☐

Saturday Hot ☐ Cold ☐