Senior Center of Boulder City
813 Arizona Street
Telephone 702-293-3320 Fax 702-293-5628

HOME DELIVERED MEAL REFERRAL APPLICATION

IMPORTANT: This is a referral for home delivered meals service, not an automatic enrollment into services. Once a referral has been made, a home assessment will be conducted by the home delivered meal service staff to evaluate eligibility for the program. Individuals eligible for the program will have their meals delivered as soon as possible. Referrals made by a medical facility or licensed social worker may begin meals before assessment. Assessment will be completed within 2 weeks.

Person making Referral: _____Phone: _____

Referral Agency: _____Date: _____

To qualify for the Program, the following criteria must be met:

- **Age 60 or older and incapacitated due to accident, illness or frailty and lack support of family, friends or neighbors**
- **Age 60 or older unable to prepare meals due to a lack or inadequacy of facilities (microwave, stove, etc.) and homebound.**

Client Information: NOTE: Funding sources REQUIRE Date of Birth and ethnicity.

PLEASE PRINT **Last Name: _____First Name: _____M.I._____**

Date of Birth: _____/_____/_____ Ethnicity: _____ ☐ Male ☐ Female ☐ LIVES ALONE

Address: _____Apt #_____ City _____

ZIP: _____Phone:_____ If apartment, name of complex: _____

What problems are preventing this individual from preparing meals or attending a congregate site?

_____

_____

_____

Marital Status: _____Meal for Spouse? ☐ Yes ☐ No

Pet(s) ☐ No ☐ Yes, describe_____

Need for meals is: ☐ Long-term ☐ Temporary - estimate how long: _____