

SUFFOLK MEALS ON WHEELS APPLICATION

Last Name _____ First Name _____ MI _____

Address _____ Bldg/Apt _____

City _____ Zip _____ Phone _____

Date of Birth _____ Sex _____ Social Security Number (last 4 digits) _____

Spouse's Name _____

DIRECTIONS TO RESIDENCE:

Please use: Front Door _____ Back Door _____ Side Door _____

OTHER THAN RECIPIENT, SEND BILL TO:

Name _____ Phone _____

Address _____ City _____ Zip _____

MEDICAL INFORMATION:

Diet _____ Circle One Beverage Choice: Whole Milk - 2% Milk - Skim Milk - Juice

Food Allergies / Health Issues _____

RECIPIENT AGREES TO THE FOLLOWING:

(NOTE: Please **sign below** and **enclose deposit** with **application** to be processed)

- Meals are delivered by our volunteers Monday – Friday. You will receive 2 meals (1 hot & 1 chilled) and 2 beverages for a fee of **\$7/day**. You will need to be home to receive your meals.
- Please notify office by **9:00 am** at **934-4911** to cancel **next day's meals** if you will not be home.
- Applications are accompanied with a non-refundable **\$70 deposit** (cash/check). This covers the first 10 days of meal delivery. Your meal delivery will continue unless otherwise notified. You will be invoiced monthly.

Failure to pay invoice by due date may result in meals being cancelled

Signature of Recipient or Guarantor _____

Date Signed _____

Return application with deposit to:

Suffolk Meals on Wheels, Inc – 2800 Godwin Blvd – Suffolk, VA 23434

Located on the Garden Level in Sentara Obici

Please complete information on Back of Form

