



Meals of Joy Application for Service

Client Information

Last Name _____

First Name(s) _____

Address _____

City, State, Zip _____

Gate Code (if applicable) _____

Preferred Phone _____ Home Cell

Alternate Phone _____ Home Cell

Email _____

Date of Birth (Name) _____ Gender Male Female

Date of Birth (Name) _____ Gender Male Female

Marital Status (please check one) Single Married Widowed

Emergency Contact Information

Emergency Contact Name _____

Address _____

City, State, Zip _____

Phone _____

Relationship to Client _____

How did you hear about Meals of Joy? _____

Special Medical Information

Is there any **special medical condition or issue** we should be aware of when delivering meals?

(i.e., Dementia, Muscular Dystrophy, etc.) _____

Food Allergies _____

Service Information

What date would you like meal service to start? _____

Days of the week you would like to receive meals (please check preferences)

Monday Tuesday Wednesday Thursday Friday Varies

If receiving meals on a set schedule, do you want to be set up on a recurring basis? Yes

Income and Other Demographic Information

1. Please mark an "X" beside the answer that best describes your household income:
(Information used by Meals of Joy when applying for grants. Specific amounts not needed)

_____ \$1,000 per month or less

_____ \$1,001 per month or more

2. How many people reside in your household? _____

3. Please answer **YES** or **NO** to the following questions:

_____ Are you or your spouse, if married, a Veteran of the United States military?

_____ Is there anyone who usually assists you with the daily tasks of living?

_____ Do you use any assistive device such as a cane, walker or wheelchair?

_____ Are you a year round resident of Arizona?

Name of Person Completing Application (please print) _____

Signature _____ Date _____

Relationship of signor to applicant, if other than Client _____

Please send completed application to **Meals of Joy, 501 E. Plaza Circle, #2, Litchfield Park, AZ 85340**