# UNITED BOARD OF MISSIONS (UBM)
# MEALS ON WHEELS (MOW) CLIENT APPLICATION

UBM's MOW program is for individuals 60+, homebound, and/or disabled who would like assistance with meals two days a week. Our program provides freshly prepared meals every Tuesday and Friday. Qualified applicants may receive meals at no cost.

NAME (Last, First):_____ PHONE:_____

DOB:_____ SEX: ☐ Male ☐ Female VETERAN: ☐ YES ☐ NO ☐ Prefer to Not Answer

ADDRESS:_____ CITY:_____ ZIP:_____

SECOND PHONE:_____ EMAIL:_____

RACE OR ETHNICITY:

☐ White or European American ☐ Native American or Alaskan Native ☐ Middle Eastern
☐ Hispanic or Latinx ☐ Native Hawaiian or Other Pacific Islander ☐ Other: _____
☐ Black or African American ☐ Asian ☐ Prefer Not to Anwer

EDUCATION COMPLETED:

☐ Less Than High School ☐ Associate Degree (E.G., AA, AS) ☐ Graduate or Professional Degree (E.G., MA, MS, PhD, JD)
☐ High School Diploma or GED ☐ Bachelor's Degree (E.G., BA, BS)
☐ Some College, No Degree ☐ Prefer Not to Answer

ARE YOU MARRIED: ☐ YES ☐ NO ☐WIDOWED ***If Yes, Please Fill Out This Section:***

SPOUSE'S NAME (Last, First):_____ PHONE:_____

DOB:_____ SEX: ☐ MALE ☐ FEMALE DOES YOUR SPOUSE LIVE WITH YOU: ☐ YES ☐ NO

EMERGENCY CONTACT (Who Is Not Your Spouse): NAME (Last, First):_____

PHONE:_____ RELATION:_____ CITY:_____

NUMBER OF PEOPLE IN HOUSEHOLD:

Adults (18+): _____ Minors (0-17): _____ Total: _____

DO YOU CURRENTLY RECEIVE MEALS FROM ANOTHER ORGANIZATION?

☐ NO ☐ YES, WHERE: _____

WHAT SERVICES HAVE YOU RECEIVED FROM UBM CURRENTLY AND/ OR PREVIOUSLY:

☐ Food (Pantry or Mow) ☐ Rent ☐ Utilities ☐ Other: _____
☐ Clothing ☐ Rx ☐ Emergency ☐ I Have Not Received Services from UBM Before.

WHAT IS YOUR CHURCH AFFILIATION? _____

HOW DID YOU LEARN ABOUT UBM'S MOW PROGRAM: _____

DO YOU DRIVE? ☐ NO ☐ YES, HOW OFTEN AND HOW FAR?_____

_____

ARE YOU PHYSICALLY ABLE TO: … GROCERY SHOP FOR YOURSELF?..... ☐ YES ☐ NO

… COOK FOR YOURSELF?..... ☐ YES ☐ NO … AND/OR FEED YOURSELF?..... ☐ YES ☐ NO

DO YOU CLEAN YOUR OWN HOME (Sweep, Dust, Dishes, Vacuum)?..... ☐ YES ☐ NO

ARE YOU ABLE TO WALK WITHOUT HELP? (Help Includes Walkers and Canes)..... ☐ YES ☐ NO

ARE YOU ABLE TO STAND FOR 10 OR MORE MINUTES?..... ☐ YES ☐ NO

DO YOU HAVE ANY PROBLEMS GETTING UP AND DOWN FROM SITTING? ..... ☐ YES ☐ NO

DO YOU HAVE ANY PROBLEMS GROOMING YOURSELF (Bathe, Shave, Brush Your Teeth, Etc.)?..... ☐ YES ☐ NO

DIETARY AND MEDICAL INFORMATION: (Please note that if we are unable to accommodate a specific dietary restriction or need, we may not be able to enroll you in the MOW program.)

ARE YOU DIABETIC: ☐ Yes ☐ No ☐ Borderline IF YES, ARE YOU INSULIN DEPENDENT: ☐ YES ☐ NO

ARE YOU ALLERGIC TO: (Please select all the allergies below you ARE allergic to.)

☐ Eggs ☐ Soy ☐ Tree Nuts ☐ Fish

☐ Peanut ☐ Wheat ☐ Shellfish ☐ Sesame

☐ Milk If you are allergic to milk, can you have:

CHEESE ☐ YES ☐ NO or any DAIRY ☐ YES, what_____ ☐ NO

☐ Other:_____

ANY OTHER FOOD RESTRICTIONS (medication, religious, etc.):_____

_____

WHAT ADDITIONAL MOBILITY, DIETARY, OR MEDICAL INFORMATION SHOULD WE BE AWARE OF:_____

_____

_____

FINANCIAL INFORMATION:

Please complete the form below and submit **one** or more of the following documents:

- SSI and/ or RSDI Letter
- Bank Statement
- VA Benefits Letter from the VA Office
- Food Stamp Letter

| MONTHLY INCOME: *Last 30 Days (Gross)* | | MONTHLY EXPENSES: | | | |
|---|---|---|---|---|---|
| Employment: | | | | | |
| Social Security: | | Rent/Mortg: | | Life Ins.: | |
| Pension: | | Entergy: | | Hosp. Ins.: | |
| Unemp. Comp.: | | Gas: | | Home Ins.: | |
| TANF: | | Water: | | Car Ins.: | |
| SSI: | | Phone: | | Gasoline: | |
| Other | | Rentals: | | Auto Loan: | |
| TOTAL: | | Cable/Internet: | | Credit Cards: | |
| | | Household Exp: | | Other Loans: | |
| SUPPORT: | | Food: | | Miscellaneous: | |
| Child Support: | | Medical Exp: | | Miscellaneous: | |
| Food Stamps: | | | | TOTAL: | |
| Rent Asst: | | | | | |
| Utility Asst: | | | | | |

By signing this form, I affirm that all my answers have been true and correct to the best of my knowledge. My signature constitutes consent for the United Board of Missions and its agents to contact any source to verify information necessary for eligibility. I will cooperate fully with UBM personnel to obtain information from any source to verify statements I have made.

I understand my application will be considered without regard to race, color, religion, creed, national origin, sex, or political belief and that I may request a review of the decision made on my application.

**CLIENT SIGNATURE:** _____ **DATE:** _____