

L O N G V I E W Community Ministries

Serving With Love



MEALS WITH LOVE APPLICATION

NAME: _____

ADDRESS: _____

PHONE: () _____ - _____ DATE OF BIRTH: ____/____/____

RACE (CIRCLE ONE): BLACK CAUCASIAN HISPANIC ASIAN NATIVE AMERICAN OTHER

DIABETIC: YES NO GENDER: FEMALE MALE FREE NEWSPAPER: YES NO

EMERGENCY CONTACT: _____ PHONE(____) ____ - ____

OTHERS IN HOUSEHOLD: _____

QUALIFYING CONDITION: _____ REFERRED BY: _____

MEAL DELIVERY: MON ____ TUES ____ WED ____ THURS ____ FRI ____

Monthly Expenses (estimated)

Rent/Mortgage \$ _____
Electric/Gas/Water/
Phone/cable \$ _____
Food \$ _____
Insurance(s) \$ _____
Medical/Rx \$ _____
Other \$ _____

TOTAL \$ _____

Monthly Income

Social Security \$ _____
SSI \$ _____
Disability \$ _____
Pension \$ _____
V.A. \$ _____
Food Stamps \$ _____
Other \$ _____

TOTAL \$ _____

I affirm that the information above is true and correct. I understand it will be used to determine my ability to pay for my meals and that I may be billed at the end of each month for each meal delivered. The amount charged for each meal will be determined prior to meal delivery and I will be notified of this amount after approval of my application. If payment is required, it is due by the 15th of the following month. If payment is due but not received, meals will NOT BE delivered unless other arrangements have been made in advance.

Date: ____/____/____

SIGNATURE

Our program provides services to eligible applicants without regard to race, color, creed, religion, handicap, age, national origin, political beliefs or sex.