

Wyandotte/Leavenworth Area Agency on Aging

HOME DELIVERED MEALS APPLICATION

The Area Agency on Aging Nutrition Program is designed to meet the needs of homebound individuals age 60 and older and their spouses who may not eat adequately.

The purpose of the Nutrition Program is to provide a balanced meal to participants in addition to reducing the isolation of the individuals.

As a home delivered meal recipient you are encouraged to make a contribution towards the cost of your meal. The suggested donation is \$3.50 per meal.

REQUIREMENTS:

The participant must:

- Be 60 Years of age or older
- Be Homebound (no longer driving)
- Be unable to provide meals for themselves
- Have no one to provide meals for them
- Have attained the consent (signature) of their physician

MAIL OR FAX APPLICATION TO:

WYANDOTTE/LEAVENWORTH
AREA AGENCY ON AGING
849-C North 47th Street
KANSAS CITY, KS 66102
PHONE: 913-573-8546
FAX: 913-573-8550

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To be completed by applicant

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ COUNTY: _____

TELEPHONE: _____ ALTERNATE NUMBER: _____

CONTACT PERSON: _____ TELEPHONE: _____

I hereby authorize my physician to release the following information:

SIGNATURE: _____ DATE: _____

To be completed by physician

How long would you suggest your patient receive Home Delivered Meals?

Months: _____ Permanent: _____

The Home Delivered Meals Program is designed to improve and maintain the health of our seniors. The meals meet one-third of the recommended daily allowance for adults and have no added salt.

PHYSICIANS SIGNATURE: _____ DATE: _____