HOME DELIVERED MEALS REFERRAL

The Area Agency on Aging Nutrition Program is designed to meet the needs of homebound and/or isolated 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:**

- 60+
- Lives in Wyandotte County
- Homebound:
  1. Is physically homebound and/or socially homebound; and
  2. Is unable to prepare meals for himself or herself because of:
     a. Limited physical mobility; or
     b. A cognitive impairment; or
     c. Lacks the knowledge or skills to select and prepare nourishing and well-balanced meals; and
  3. Lacks an informal support system such as family, friends, neighbors, or others who are willing and able to perform the service(s) needed, or the informal support system needs to be temporarily or permanently supplemented.
- Isolated :
  - 1. Lives in a rural location
  - 2. No transportation is available to a congregate meal site

**MAIL OR FAX 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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- Recipient must meet the requirements; and
- Recipient must agree to home-visit from certified Meals on Wheels assessor to begin services; and
- Signature of doctor is suggested

To be completed by recipient

NAME: ___________________________ DATE OF BIRTH: ___________________________

ADDRESS: ___________________________ ZIP CODE: ___________________________

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: ___________________________