

# 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

#### **RETURN APPLICATION TO:**

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

[mealsonwheels@wycokck.org](mailto:mealsonwheels@wycokck.org)

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## To be completed by applicant

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: \_\_\_\_\_