Meals on Wheels
OF RHODE ISLAND

70 Bath Street, Providence, RI 02908-4849
(401) 351-6700

WELCOME TO THE HOME DELIVERED PROGRAM

Please find attached referral form for home delivered meals. Please fill out the form in its entirety and mail to the above address, fax to (401) 351-6750 or email to referrals@rimeals.org

A referral form is required for each individual requesting meal delivery service. All information listed on the referral form must be completed. The more information that is given, the better understanding we have regarding the recipient's limitations and condition. If the referring party or individual is unable to provide the required information, the name & phone number of a reliable contact source is greatly appreciated. *Information received is kept strictly confidential.*

Eligible applicants must be age 60 or over, homebound, unable to shop or prepare nutritious meals due to physical and/or psychological limitations; has difficulty leaving the home independently and/or not participating in an adult day care or dining program on a day they are scheduled to receive meals.

An individual under the age of 60 may be eligible with an approved waiver (i.e., DHS, PACE, NHPRI).

The meal will arrive cold in two packages. The main portion consists of the entrée, vegetable and potatoes, rice or pasta and is delivered in a tray which can be safely reheated in a microwave or conventional oven (not a toaster oven). The second package is a shrink-wrapped Styrofoam tray and includes milk or juice, bread, dessert and condiments. The meals are prepared with no added salt or sugar and are not heavily seasoned.

Delivery days are Mon. - Fri. (excluding holidays & inclement weather), between the hours of 9:30 am & 2:00 pm.

A suggested donation of $3.00 per meal is recommended.

Meals on Wheels staff are unable to pre-determine a start date. The individual and/or designated contact person will be notified when the availability occurs.

If you prefer to speak directly to the intake specialist, please call (401) 351-6700. If no one is available, you will be directed to the referral line at ext. 115, leave a voice message and someone will return your call as soon as possible.

Thank you.

Meals on Wheels of Rhode Island
Client Referral

70 Bath Street, Providence, RI 02908 p- (401) 351-6700 f-(401) 351-6750

CLIENT INFORMATION			
Name *(First, MI & last):* ☐ M ☐ F		**Birthdate:**	
Street Address:		**Soc. Sec. #**	
Address 2: *complex name, etc.*		**Bldg./Apt. #**	
City:		**Zip Code:**	
Home Phone:		**Cell Phone:**	
Email:		**Preferred Language:**	
Marital status: ☐ Single ☐ Partnered ☐ Married ☐ Separated ☐ Divorced ☐ Widowed			
Race/Ethnicity: ☐ White ☐ Black ☐ Hispanic ☐ American Indian ☐ Asian/Pacific Islander ☐ Other			
Veteran Status: ☐ Yes ☐ No	**Living Situation:**	☐ Alone ☐ With spouse ☐ With Child ☐ With Other	

PERSONAL HEALTH HISTORY				
Difficulties in: ☐ Hearing ☐ Sight ☐ Speech ☐ Mobility **If √, explain:**				
Medical Conditions: Please check all that apply	☐ Cancer	☐ Heart Disease	☐ Mental Health/Psychological Issue	☐ Renal/Kidney Issue
	☐ Depression	☐ Lung Disease	☐ Osteoporosis/Arthritis	☐ Stroke
	☐ Diabetes	☐ Memory Issue	☐ Parkinson's	☐ Weight Loss/Malnutrition
List any other medical problems (continue on back of form, if needed)				
Why do you need Home Delivered Meals? (Please explain any difficulty with meeting your daily needs.)				
Primary Doctor		**Phone Number**		

EMERGENCY CONTACT			
Name *(First & last):*		**Relationship:**	
Street Address:		**Zip Code:**	
City:		**Email:**	
Phone Number:	**Alternate Phone Number:**		

SECOND EMERGENCY CONTACT			
Name *(First & last):*		**Relationship:**	
Agency *(if applicable)*			
Street Address:		**Zip Code:**	
City:		**Email:**	
Phone Number:	**Alternate Phone Number:**		
Follow up with: ☐ Client ☐ Emergency Contact ☐ Second Emergency Contact ☐ Other			