Pickens County Meals on Wheels

349 Edgemont Avenue, Liberty, SC 29657

Phone: 864-855-3770 Web: PCMOW.org

Home Delivered Meal Program Application

The **Home Delivered Meal** Program provides a nutritious meal Monday-Friday delivered by caring volunteers. Space is limited. All new applicants will go through an assessment process. Clients are added based on need and as space becomes available.

PRIMARY ELIGIBILITY REQUIREMENTS:

*Homebound with little/limited ability to drive
*Mental or Physical limitation that prevents the preparation of meals
*Lack of support from others who can provide a mid-day meal

Date: _____

Applicants Name: _____ Applicant's Phone: _____

Street Address: _____ City: _____ Zip: _____

Date of Birth: _____ Gender: _____ Marital Status:_____ Veteran: ☐ Yes ☐ No

Emergency Contact:_____ Relationship to Applicant:_____

Emergency Phone:_____ Duration of Services Requested: ☐ Ongoing ☐ Temporary

Medical problems prohibiting ability to prepare meals due to a recent hospitalization, a chronic and/or debilitating illness, insufficient nutritional intake or respite need: _____

_____

Pre-Assessment Questionnaire:

Do you live alone? ☐ Yes ☐ No

How would you rate yourself on meal preparation? ☐ Independent ☐ Needs some Assistance ☐ Dependent

Diabetic: ☐ Yes ☐ No

Special Diet:_____

Oxygen: ☐ Yes ☐ No

Ambulation: ☐ No assistive device ☐ Walker ☐ Cane ☐ Wheelchair ☐ non-ambulatory

Vision: ☐ No vision problem ☐ Glasses ☐ Blind one eye ☐ Blind both eyes

Hearing: ☐ No hearing problem ☐ Difficulty hearing, no aids ☐ Hearing aids worn ☐ Deaf

Speech: ☐ No problem communicating ☐ Communicates with difficulty ☐ Unable to speak

Mental Health: ☐ Diagnosed condition _____