

Galveston Island Meals on Wheels, Inc.

Application for Meals

Date of Application: _____ Visit Date: _____ Start Date: _____

How did you hear about GIMOW? _____

Contact Information

First Name: _____ Last Name: _____

Additional recipient(s) at this address: _____

Street Address: _____ Apt/Unit #: _____

Zip Code: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Number of People Living in Home: _____ Name of other residents and relationship to applicant: _____

Do you rent or own?: _____ Landlord Phone: _____

Emergency Contact Information

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Nearest Family Member Name: _____

Relationship: _____ Phone: _____

Demographic Information

Age: _____ Date of Birth: _____ Gender: _____

Primary Language: _____ Race/Ethnicity: _____

Marital Status: _____ Veteran (Y/N)? _____

Are you affiliated with any church or religious organization (Y/N)? _____

Name of church/organization: _____

Medical Information

Do you have any physical limitations? _____ If so, please circle:

Wheelchair *Visual Impairment* *Hearing Impaired* *Bedridden*

Other (please specify): _____

Have you been diagnosed with diabetes? _____ High blood pressure? _____

Do you have any special dietary needs or food allergies (Y/N)? _____ If so, please explain: _____

Do you have any disability or limitation not listed above? _____ If so, please explain: _____

Do you have any in-home assistance (Y/N)? _____ If so, what type and with whom? _____

Do you receive any other assistance not mentioned above (Y/N)? _____ If so, what type and from whom? _____

Do you drive (Y/N)? _____

Delivery Information

What days of the week do you wish to receive meals (circle all that apply)?

Monday *Tuesday* *Wednesday* *Thursday* *Friday*

Do you have any recurring appointments such as doctor visits, dialysis, physical therapy, etc., that would interfere with our scheduled meal delivery time (11:00 a.m. to 1:00 p.m.)? _____

Do you have any dogs (Y/N)? _____ Free-roaming or tied? _____

Are there house numbers clearly visible from the street (Y/N)? _____

Specific directions to residence and/or gate codes: _____

Are there any other conditions our volunteer delivery driver should be aware of (broken stairs, inoperable doorbell, etc.)? _____ If so, please explain _____



Payment & Billing Information

Each meal is provided at a cost of \$5.50. Clients are asked to contribute what they are able but will not be denied service due to an inability to pay.

I can contribute the following amount for each meal (circle one):

\$5.50 each (full amount)

\$2.75 each

Other: \$_____ per month

I am unable to contribute to the cost of meals

Billing statements will be mailed monthly.

Person responsible for payment of meals:

First Name: _____ Last Name: _____

Street Address: _____ Apt/Unit #: _____

Email: _____

Phone: _____ Relationship to Applicant: _____

Signature of Responsible Party: _____

I do hereby affirm the above information shared with Galveston Island Meals on Wheels, Inc. (GIMOW) is true. If GIMOW should find I have not been truthful about the information herein or if I do not fulfill my obligation to contribute/pay for the cost of meals as agreed (unless unable to pay), I may be dropped from this program.

Applicant Signature: _____ Date _____

Witness Signature: _____ Date _____



Galveston Island Meals on Wheels Release of Liability

I wish to receive meals delivered to my residence by Galveston Island Meals on Wheels (“GIMOW”). I am aware that there are always risks in food preparation, including, but not limited to, the transportation and storage of food along with the interaction of food with allergies or medications. In consideration of being permitted to participate in the GIMOW program and having food delivered to my residence, I hereby voluntarily release any and all causes of action or personal injury, property damage, or wrongful death arising from the services provided to me by GIMOW. I do, for myself, my heirs, executors, and administrators, voluntarily release and fully relinquish any claim against GIMOW, all of their past, current, and future officers, directors, employees, volunteers, and other persons associated with GIMOW, whether the claim shall arise by negligence or otherwise. I have carefully read this agreement and have been permitted to ask questions.

Meal Recipient Name: _____

Meal Recipient Signature: _____

Date _____

Witness Name: _____

Witness Signature: _____

Date _____

