



CITY OF COMPTON

GRANTS MANAGEMENT DEPARTMENT

Meals on Wheels Program Application

Providing nutritious meals to Compton's seniors and homebound residents

This program is funded by a federal grant and we are required to collect certain information for reporting purposes. ***THIS INFORMATION IS CONFIDENTIAL*** and will be used to compile statistical data only. Proof of address and age is required. Please provide a photocopy of a driver's license, identification card, birth certificate and/or utility bill to verify your current address and age. In the event that copies of these document(s) cannot be provided, you will be asked to present the required documentation to a representative of the program for verification. Please fill in the following information:

Participant Name:		Date:
Address:		
City:	Zip:	
Contact Number:	Email Address:	
Age:	Date of Birth:	

- Head of Household: Male Female
- Are you 62 years of age or older: Yes No
- Number of people residing in your household: _____
- List all members of your household and their relationship to you:

_____	_____
_____	_____
_____	_____

- Ethnic Background: Hispanic Non-Hispanic
- Racial Background: (Check One):

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native & Black
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian & White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black & White
<input type="checkbox"/> Native Hawaiian /Pacific Islander	<input type="checkbox"/> Other Multi-Racial

- Are you a resident of the City of Compton? Yes No
- Do you have difficulty preparing your own meals? Yes No

9. Do you have any of the following conditions? (Check all that apply)

Homebound (unable to leave home without assistance)

Disabled

Limited mobility

Recently discharged from hospital

Other: _____

10. Primary Language Spoken: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number: _____

DIETARY & DELIVERY DETAILS (DELIVERY ONLY FOR HOMEBOUND, MUST PROVIDE DOCTORS NOTE)

1. Do you have any dietary restrictions or food allergies?

No

Yes – Please specify: _____

2. Preferred Delivery Time (if available): _____

Morning (8:00 a.m. – 11:00 a.m.)

Afternoon (12:00 p.m. – 3:00 p.m.)

3. Do you have pets in the home? No Yes – Please describe: _____

GRAB AND GO MEALS - PICK UP LOCATION ASSIGNED ACCORDING TO APPLICANT'S ADDRESS

CITY PARK DESIGNATED: _____

PICK UP TIME (From 10:00 AM to 1:00 PM)

ALTERNATE AUTHORIZED TO PICK UP ON BEHALF OF APPLICANT

Name: _____

Relationship: _____

Phone Number: _____

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested.

Under penalty of perjury, I certify that the above information is true and correct.

APPLICANT SIGNATURE

DATE

Staff Use Only

Proof of Residency Documentation (Please Check One):

Driver's License ___ Utility Bill ___ California I.D. ___ Other: _____

Proof of Age Verification (Senior Programs Only):

CA Identification: _____

Driver's License: _____

Birth Certificate: _____

Other: _____

Approved Denied

(Place a copy of the Age Verification Documentation in the Client File with this Intake Form)

I certify that the documentation presented confirms the information provided on the intake form. Proof of Age Attached and Verified by:

Staff Name: _____

Staff Signature: _____

Date: _____