



Senior Nutrition Program Home Delivered Meal Referral Form



Instructions: Please complete all information in the box below and forward a copy of the Home Delivered Meal Referral Form to **both** the appropriate home delivered meals site and the Washtenaw County Office of Community and Economic Development at fax number 734-272-4183 or email caseym@ewashtenaw.org.

PLEASE COMPLETE ALL INFORMATION IN THE BOX

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Street Address	City	Zip Code
_____	_____ / _____ /19	
_____	_____	
Telephone	Date of Birth	
Reason for Referral: _____		
Additional information: _____		
# of Hot Meals: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>		Diabetic: YES <input type="checkbox"/> NO <input type="checkbox"/>
# of Frozen Meals: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>		
Ensure Request: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Requested Start Date: _____	Route #: _____	
_____	_____	
Site Representative Signature	Date	

Milan Senior Center Only

Washtenaw County

Monroe County

Demographic Information (not required but useful information that helps us with our funders)

Declined providing information

Number in household: _____ Yearly household income (approximate): _____
Marital status: _____ Married _____ Divorced _____ Widowed _____ Single (never married)
Gender: _____ Male _____ Female

Race:
 White Asian/Native Hawaiian/Pacific Islander
 Black/African American Multi-racial: Please specify: _____
 American Indian/Alaskan Native

Are you Hispanic/Latino?

Living Arrangements:
 Own home In transition/shelter
 Rent subsidized home (e.g. Section 8) Homeless
 Rent unsubsidized home Living with friends/family

Emergency Information

Emergency Contact Name: _____ Telephone: _____
Relationship: _____