

## Muleshoe Meals on Wheels Client Intake

Date:	<input style="width: 90%;" type="text"/>	Primary Language:	<input style="width: 90%;" type="text"/>
Name:			
Last:	<input style="width: 90%;" type="text"/>	First:	<input style="width: 90%;" type="text"/>
		Middle:	<input style="width: 90%;" type="text"/>
Gender:	Male:	<input style="width: 90%;" type="text"/>	Date of Birth:
	Female:	<input style="width: 90%;" type="text"/>	Over 60?
Address:		<input style="width: 90%;" type="text"/>	
Mailing Address:		<input style="width: 90%;" type="text"/>	
Phone Number:		<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Emergency Contact:			
Name:		<input style="width: 90%;" type="text"/>	
Mailing Address:		<input style="width: 90%;" type="text"/>	
Phone:		<input style="width: 90%;" type="text"/>	
Relation:		<input style="width: 90%;" type="text"/>	

Ethnicity:	Race:	Marital Status:
Hispanic /Latino <input style="width: 90%;" type="text"/>	White: Non Hispanic <input style="width: 90%;" type="text"/>	Married: <input style="width: 90%;" type="text"/>
Not Hispanic/Latino <input style="width: 90%;" type="text"/>	White: Hispanic <input style="width: 90%;" type="text"/>	Widowed: <input style="width: 90%;" type="text"/>
Ethnicity not reported <input style="width: 90%;" type="text"/>	Black/ African American <input style="width: 90%;" type="text"/>	Divorced: <input style="width: 90%;" type="text"/>
	Other: <input style="width: 90%;" type="text"/>	Separated: <input style="width: 90%;" type="text"/>
	Race not reported: <input style="width: 90%;" type="text"/>	Never Married: <input style="width: 90%;" type="text"/>
		Not reported: <input style="width: 90%;" type="text"/>

<b>Diet:</b>	Regular: <input style="width: 90%;" type="text"/>	<b>Diabetic:</b> <input style="width: 90%;" type="text"/>
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<b>Drink-choose one:</b>	Orange Juice	Apple Juice
<b>Food Allergies:</b>		
	Cranberry Juice	Grape Juice

9/17/2020

**Does client live alone?**

**Whom do they live with?**

**Who was client referred by?**

**Is client on oxygen?**

**Disabilities?**

**Additional Information?**

**Is client temporary? Why?**

**Director signature:**

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