

Meals on Wheels of Long Beach  
Client Application



Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Diet:        Regular         Diabetic

Location Description: \_\_\_\_\_

Does Client Live Alone:    Yes         No

Referred By: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

How Did You Hear About  
Meals on Wheels? \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Does Client Have a Dog?  
If so, dog must be put in  
another room at the time  
of delivery.                    Yes         No

Please mail form to:  
Meals on Wheels of Long Beach, Inc.  
P. O. Box 15688  
Long Beach CA 90815  
Attn: Jodean Pelzman