

**PROFILE FORM - HOME DELIVERED MEALS**

**Confidential**

Used by the Department of Health and Social Services to determine program needs to provide services to you.

Meal must be handed to an individual or put in a refrigerator.

First name \_\_\_\_\_ MI \_\_\_\_\_ Last  
Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender M F Phone \_\_\_\_\_

Residential address \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

Diabetic Y or N Milk preference None Whole 2%

Allergies to food Y or N Additional Comments \_\_\_\_\_

Days meals needed  
\_\_\_\_\_

Directions to  
home \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Location of access to home for delivery (ex: front, side, back door, refrigerator)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

-----For Office Use Only-----

**MSC** - Date/Init \_\_\_\_\_

**GET CARE** - Date/Init \_\_\_\_\_

**BINDER** - Date/Init \_\_\_\_\_