

Please send to:

Intake Meals on Wheels People
Resource Center 7710 SW 31st Ave. Portland, OR 97219-2420
Direct Number: 503-953-8111
Email: intake@mowp.org



Referring Person:

*Referring Name _____ *Phone Number: _____
*Email Address: _____ *Request Number: _____ *Auth Date: _____

Client Information:

Name: _____ Date of Birth: _____
Street Address: _____ Apt Complex Name: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Primary Language: *(if not English)* _____
Are there any dogs? Yes No
Emergency Contact Name: _____
Relationship: _____ Phone Number: _____

Attach to email: Clara Voucher

Referral Form:

Delivery Schedule *Delivered between 10:00 am - 2:00 pm*

All meals are low in salt/sugar and include a salad pack

Diet:						Milk?	
	Monday	Tuesday	Wednesday	Thursday	Friday	Total #	
Breakfast							
Lunch							
Dinner							
Weekend Frozen Meals? <i>(no salad pack offered for these meals)</i>						Yes	No

Supplemental Information: *Meals on Wheels People Office use only*

Center: _____
Intake by: _____ Date of Intake: _____