

MEALS ON WHEELS
2180 Empire Boulevard Webster, NY 14580
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FEEL RIGHT AT HOME REFERRAL

The Feel Right at Home meal program helps people transition back to home after a hospital or rehabilitation stay. We offer two weeks of half-price meals after which participants may choose to end meal service or continue on the program at a cost based on their monthly incomes.

Patient Information

Name _____ Male Female DOB _____
Address _____ Home phone _____
_____ Cell phone _____
Race African American American Indian Asian Hispanic White
Primary language (if other than English) _____
Food allergies _____
Primary care physician _____ Diagnosis 1 _____
2 _____

Delivery Information

Option 1: Hot Meals

Days (three-day minimum)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Type

- Regular
- No concentrated sweets
- Low lactose
- Kosher

Beverage

- 2% milk
- Skim milk
- Lactaid
- Juice

Consistency

- Regular
- Ground

Option 2: Frozen Meals (one box of 7 frozen meals delivered once per week)

Desired date of first meal _____
Special instructions or safety concerns _____
Pets _____ (pets must be restrained during meal delivery)

Alternate/Emergency Contact Information

Name _____ Home phone _____
Work phone _____

I agree to accept meals ordered and to pay for these meals at the end of each month. I will pay \$3.50 per meal for each meal I receive (\$24.50 for a box of seven frozen meals) during the first two weeks I participate in the program. I may cancel at any time. If I decide to continue on the program after the first two weeks, I agree to have a diet technician visit me to explain the program and complete an assessment. My cost per meal may change at that point, depending on my income.

Signature _____ Date _____

Referral Source

Name _____ Phone number _____
 Strong Highland RGH Unity Other _____