

# Bloomfield Township Senior Services - NUTRITION SERVICES REQUEST FORM

This completed form can be: mailed to Bloomfield Seniors, 4315 Andover Rd, Bloomfield Township, MI, 48302; faxed to 248-723-3519; emailed to [mosborne@bloomfieldtp.org](mailto:mosborne@bloomfieldtp.org) (email is not considered "secure" electronically); or the information can be provided by telephone to Mary Osborne, MSW, Nutrition Coordinator, at 248-723-3500.

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Approximate Household Income (optional) \_\_\_\_\_ Monthly / Yearly  
(circle one)

I Live: Alone \_\_\_\_\_ W/ Spouse \_\_\_\_\_ W/ Children \_\_\_\_\_ Other \_\_\_\_\_

Service Requested: Meals on Wheels \_\_\_\_\_ Liquid Nutrition (Ensure® Products) \_\_\_\_\_

Reason for MOW/Liquid Request: \_\_\_\_\_  
REQUIRED!! (Please be specific; it helps to prioritize possible wait lists!)

MOW Days Requested: M T W TH F Preferred Beverage with meal: Skim Milk 2% Juice  
(circle all desired) (circle one)

Impairments  
(Check all that apply)

Assistance Devices Used  
(Check all used)

Race/Ethnicity  
(Please check—used for  
funding/reporting purposes)

\_\_\_\_\_ African American  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Caucasian  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ Native American/Alaskan  
\_\_\_\_\_ Native Hawaiian/Pacific Islander  
\_\_\_\_\_ Other

\_\_\_\_\_ Vision  
\_\_\_\_\_ Hearing  
\_\_\_\_\_ Speech  
\_\_\_\_\_ Confusion

\_\_\_\_\_ Wheelchair  
\_\_\_\_\_ Cane  
\_\_\_\_\_ Walker  
\_\_\_\_\_ Bedridden

Allergies \_\_\_\_\_  
(Please list ALL allergies)

Dentures \_\_\_\_\_

## EMERGENCY CONTACTS

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Preferred Pharmacy \_\_\_\_\_

Referred by \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_