

VNA MEALS ON WHEELS REFERRAL SCREENING FORM

Phone: 214-689-2268 Fax: 214-631-7554

ALL FIELDS REQUIRED

and also private community donations. Due to the high demand for Meals on Wheels, it can take up to 8 weeks for response either by phone or by mail Self Pay Option: The client can choose to purchase the amount of meals they would like to receive per week. Each meal is \$6.00. With this option the client can begin service within 2 business days. Meals are billed on monthly basis; you will receive a bill each month. No eligibility required. Bill to: Client				
□ No Cost Option: The referral will be submitted for review by one of our funding sources. Meals on Wheels are funded by state agencies and also private community donations. Due to the high demand for Meals on Wheels, it can take up to 8 weeks for response either by phone or by mail. Self Pay Option: The client can choose to purchase the amount of meals they would like to receive per week. Each meal is \$6.00. With this option the client can begin service within 2 business days. Meals are billed on monthly basis; you will receive a bill each month. No eligibility required. Bill to: Client □ Third Party □	Form Completed by: ☐ Self ☐ Other			
and also private community donations. Due to the high demand for Meals on Wheels, it can take up to 8 weeks for response either by phone or by mail Self Pay Option: The client can choose to purchase the amount of meals they would like to receive per week. Each meal is \$6.00. With this option the client can begin service within 2 business days. Meals are billed on monthly basis; you will receive a bill each month. No eligibility required. Bill to: Client	REFERRAL OPTIONS:			
this option the client can begin service within 2 business days. Meals are billed on monthly basis; you will receive a bill each month. No eligibility required. Bill to: Client	and also private community donations. [
CLIENT INFORMATION: Name; Are you a Dallas County resident? Yes No Are you age 60 or older? Yes No Phone #:	this option the client can begin service w			
Name;	Bill to: Client Third Party		Third PartyAddress:	
Are you a Dallas County resident? Yes No Are you age 60 or older? Yes No Alt Phone #:	CLIENT INFORMATION:			
Are you age 60 or older? Yes No Alt Phone #:	Name:		_	
Phone #:	Are you a Dallas County resident? Yes 🖵	No 🖵		
ELIGIBILITY CRITERIA: Does client live alone? Yes No Does client disabled? Yes No Does client have a Nurse or Caregiver? Yes No Does client have Medicare or Medicaid? Yes No Does client under Superior or Molina? Yes No Does client have Medicare or Medicaid? Yes No Does client have Medicare or Medicaid? Yes No Does client under Superior or Molina?		-	_ Alt Phone #:	
Does client live alone? Yes No Is client disabled? Yes No Does client have a Nurse or Caregiver? Yes No Does client have Medicare or Medicaid? Yes No Is client under Superior or Molina? Yes No COMMENTS:	Emergency Contact Name:		_ Phone#:	
Is client disabled? Yes No Does client have a Nurse or Caregiver? Yes No Does client have Medicare or Medicaid? Yes No Does client under Superior or Molina? Yes No Does Client under Superior or Molina?	ELIGIBILITY CRITERIA:			
Does client have a Nurse or Caregiver? Yes No Does client have Medicare or Medicaid? Yes No Is client under Superior or Molina? Yes No COMMENTS:	Does client live alone?	Yes 🖵 No 🗓		
Does client have Medicare or Medicaid? Yes No Solution	Is client disabled?	Yes 🔲 No 🖟	ے	
Is client under Superior or Molina? Yes No COMMENTS:	Does client have a Nurse or Caregiver?	Yes 🖵 No 🖟	<u> </u>	
COMMENTS:	Does client have Medicare or Medicaid?	Yes 🖵 No 🛚	ے	
COMMENTS: OFFICE USE ONLY	Is client under Superior or Molina?	Yes 🖵 No 🖟		
OFFICE USE ONLY	COMMENTS:			
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