

Office Use	Rec'd:	Assessed:	Start:	Route #
	Milk: Yes No	Frozen: Yes No		SUDS:

### Services Application 2026

Welcome! Please tell us a bit about yourself so we can offer services that best meet your needs. All your personal information is confidential. Please see the attached FAQs for more information.

#### Registration and Eligibility Section—Must be Completed Prior to Service.

First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_ DOB: \_\_\_\_\_

Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_

#### Information Section

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Address: \_\_\_\_\_

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

County \_\_\_\_\_ State \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

If you are under age 60, please select your eligibility for home delivered meals:

Self-declared spouse of participating individual aged 60+

60+ Spouse's Full Name \_\_\_\_\_

The following individuals are only eligible when there is no waitlist for home delivered meals:

Volunteer for Meals on Wheels

Individual with disabilities who lives with a active participant aged 60+

60+ Participant's Full Name \_\_\_\_\_

#### Demographics

Gender (circle one)	Male	Female	Other
Ethnicity: (circle one)	Hispanic or Latino	Not Hispanic or Latino	Refuse to answer

Racial identity—check all that apply:

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Middle Eastern of North African
- Native Hawaiian or Pacific Islander
- White
- Another identity not listed
- Refuse to answer

Do you live....

- Alone
- With Others
- How many?

Is your income above or below the amount listed in the table?

Household Size	Monthly Income	Annual Income
1	\$1,330	\$15,960
2	\$1,803	\$21,640

- Above
- At/Below
- Refuse to answer

What is your primary language? \_\_\_\_\_

Are you a veteran? Yes      No

**Service Access and Support**

Health Insurance—check all that apply:

- Medicare
- Medicare Advantage
- Medicaid
- Medicaid Waiver(s)
- VA
- Private
- None
- Other:

Can you access this service through another source:

- Yes
- No
- I don't know

Do you have reliable outside support for food access and/or meal preparation? For example, family, friends or a caregiver?

- Yes
- No
- Refuse to answer

Could you participate in meals at a congregate (dining) site?      Yes      No

Are you homebound?

Select "yes" if any of the following statements are true for you:

- You need the help of another person to leave your home
- You have a health condition or disability that makes it difficult to leave your home on a regular basis
- You are only able to leave your home infrequently for short periods of time

- Yes
- No
- Refuse to answer

Are you isolated from community resources? Examples include stores, banks, health services, and senior center activities.

Select "yes" if any of the following statements are true for you.

- You live in a remote area
- You have a health condition or disability that makes it difficult for you to access community resources
- You have financial or technology challenges that make it difficult for you to access community resources
- You cannot drive or use public transportation
- You do not feel welcome in your community due to cultural or language barriers

- Yes
- No
- Refuse to answer

## Nutrition Screening Section & Risk Score

Determine your nutritional health. If the statement is true for you, check “yes.”

	Yes	No	Refused to answer	Yes Score
Do you have an illness or condition that has made you change the kind and/or amount of food you eat?				2
Do you eat fewer than 2 meals per day?				3
Do you eat few fruits, vegetables, or milk products?				2
Do you have 3 or more drinks of beer, liquor, or wine almost every day?				2
Do you have tooth or mouth problems that make it hard for you to eat?				2
Are there times you do not have enough money to buy the food you need?				4
Do you eat alone most of the time?				1
Do you take 3 or more different prescribed or over the counter drugs a day?				1
Without wanting to, have you lost or gained 10 pounds in the last 6 months?				2
Are there times you're physically unable to shop cook, and/or feed yourself?				2
Total “yes” score				

Nutrition Risk Score Meaning: 0-2=No Risk 3-5=Moderate Risk 6 or more=High Risk  
If you are at high risk—speak with a qualified health or social service professional.

## The Hunger Vital Signs

For each of the following statements, please answer regarding the past 12 months:

	Never True	Sometimes True	Often True	Refuse to answer
I worried whether my food would run out before I got money to buy more.				
The food that I bought just didn't last and I didn't have money to get more.				

If you answered often true or sometimes true to either or both questions above, you are at risk for food insecurity. For food resources, call the confidential Food Resource Hotline toll-free at 855-855-4626.

Are you interested in receiving nutrition counseling?      Yes                  No

## Activities of Daily Living / ADLs

For each activity, please mark the level of help you need.

	Independent: I don't need any help with this activity.	Some help: I need some help or reminders from another person, but I can do parts of this activity on my own.	Dependent: I always need help from another person to do this activity.	Refuse to answer
Bathing or showering				
Dressing—putting on and taking off clothing and shoes.				
Using the bathroom. Getting to and on/off the toilet, managing clothing, wiping.				
Transferring in/out of bed/chair. Getting in and out of sitting or lying positions.				
Walking/getting around the house.				
Eating and Drinking				

Comments on ADLs: \_\_\_\_\_

If you need help, who assists you? \_\_\_\_\_

## Home & Health

	Yes	No
Are you hearing impaired?		
Are you sight impaired?		
Are you diabetic?		
Are you using oxygen?		
Do you have cognitive		

Do you use any assistive devices?

- None
- Cane
- Crutches
- Walker
- Wheelchair
- Electric Scooter
- Other

## Emergency Contacts:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Instrumental Activities of Daily Living / IADLs

For each activity, please mark the level of help you need.

	Independent: I don't need any help with this activity.	Some help: I need some help or reminders from another person, but I can do parts of this activity on my own.	Dependent: I always need help from another person to do this activity.	Refuse to answer
Meal Preparation—planning, making and cleaning up meals.				
Shopping—selecting and paying for food, household supplies, clothing, and other items				
Medication Management-getting prescriptions filled and taking medications as prescribed				
Money Management-budgeting, using cards and bank accounts, paying bills				
Using a Telephone—making and receiving calls				
Light Housework-tidying up, sweeping, vacuuming, mopping, cleaning kitchen and bathroom surfaces, taking out garbage				
Heavy Housework-deep cleaning the home, moving light furniture to clean under/behind				
Transportation-driving, walking, or using other forms of available transportation, like buses				

Comments on IADLs: \_\_\_\_\_

Does anyone help you with ADL or IADL activities?

- Yes  
 No  
 I don't know

Do you have any pets in the home?

- Yes  
 No

If yes, how many and what kind? \_\_\_\_\_

I understand that pets are to be restrained and are not allowed to greet delivery drivers. Failure to comply will cause home delivery services to be terminated, and frozen food pick up will be offered.

I have been informed of the policies regarding voluntary contributions, complaint procedures and appeal rights. I am aware that in order to receive requested services, it may be necessary to share information with other departments or service providers and I give my consent to do so.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If filled out by someone other than the client, please sign.

Signature: \_\_\_\_\_

### Disclosures and Waivers

Relationship to client and phone number: \_\_\_\_\_

I authorize Meals on Wheels and its agents to photograph or videotape my image and/or voice. I agree that photograph images, voice recordings and my name may be used for interview and publicity purposes. I agree to this without obligation to compensate me or others on my behalf for the use of such photographic, video, or audio formats.

Signature: \_\_\_\_\_

Office Use Only			
	Frozen/milk		Pets
	Delivery Time		No Service Days
	Receiving Delivery		Donation
	Cancellations		30 Days Commitment

## **Client Information and FAQs Sheet**

Please keep this information for your records.

### **Provider and Area Agency on Aging Information:**

Area Agency on Aging of Northwest Colorado

510 29 1/2 Rod

Grand Junction, CO 81504

### **What is an Area Agency on Aging?**

The Area Agency on Aging (AAA) is a regional organization that is designated by the state to use federal, state, and local funding to meet the needs of older adults in their community. The AAA provides services to older adults and caregivers directly and through partnerships with community provider agencies. AAAs also advocate for older adults.

### **Service Information**

The service you are requesting is funded through the Older Americans Act (OAA) and/or Older Coloradans Act (OCA) funding. This federal and state funding helps older adults, 60+, remain in their homes and communities of choice. We are required to prioritize services for eligible individuals with greatest economic and social needs. Requests for services are processed as funds allow. We can provide you with referrals to other resources in your area, but we will not reach out to them without your permission.

### **What is the purpose of the client assessment?**

We ask you to provide information so that we can:

- Offer services that best meet your needs
- Prove that our taxpayer-funded programs only serve eligible individuals
- Prove that we serve older adults and caregivers most in need of services
- Understand the needs of older adults in our community
- Show the need for funding our programs
- Meet reporting requirements from our funders

We do not use income information to determine your eligibility for services. Income and other demographic information are collected for anonymous demographic reporting purposes. No personal information, such as your name or date of birth is disclosed in reporting.

What happens with the information from my client assessment?

We enter your information into a secure state database. As you receive services, we record the services you receive in the database. This helps us prove how we spent our funding. The database is secured to the standards outlined in the Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH). Only authorized staff have access to the database. This means your data remains safe and confidential.

Will you sell my information?

No.

### **How do I provide feedback?**

We love hearing how we can improve. Contact your service provider on your local AAA at phone or email. Because we value your input, we may at times send you a survey to ask for your feedback.

### **How do I file a complaint, grievance, or appeal?**

You have the right to file a complaint or grievance with your service provider. If you are not satisfied with the provider's decision, you can appeal the decision to your local AAA, and/or the State Unit on Aging (SUA). The complete Complaint/Grievance/Appeal Procedures are available upon request as follows:

Area Agency on Aging of Northwest Colorado  
510 29 1/2 Road  
Grand Junction, CO 81504  
970-248-2717

Colorado Department of Human Services, State Unit on Aging  
1575 Sherman Street, 3rd Floor, Denver, CO 80203  
303-866-2800

### **Colorado Anti-Discrimination Act**

Individuals have the right to equal opportunity and access to services. Individuals cannot be excluded from participating because of disability, race, creed, color, sex, sexual orientation, gender identity, gender expression, marital status, national origin, or ancestry. Complaints related to discrimination may be filed at:

Colorado Civil Rights Division, 1560 Broadway, Suite 100, Denver, CO 80202  
1-800-262-4845 | 771 TTD—Relay | Email: DORA\_CCRD@STATE.CO.US

### **Accessibility**

If you need to request reasonable modifications or accommodations to access this document's content, please contact us at:

Meals on Wheels Mesa County | 698 Long Acre Drive | Grand Junction, CO 81505  
970-298-9844

### **Can I made a donation?**

We accept donations and gifts to contribute towards the cost of services and to support older adult programs. Every dollar we receive goes back into the program and services. Donations are voluntary and are not required to receive services. You can send donations to:

Meals on Wheels Mesa County | 698 Long Acre Drive | Grand Junction, CO 81505  
970-298-9844

**How can I help?**

We couldn't meet the needs of older adults in our communities without the amazing help from volunteers. To learn more about volunteering with older adults in Colorado, please visit <https://cdhs.colorado.gov/volunteer>. You can also reach out to your service provider or your local AAA to find out how you can help make a difference in your community.

**What other resources are available?**

Reach out to your AAA to get more information about the services available in your region. You can also call the statewide Aging and Disability Resources for Colorado (ADRC) for information in your area: 1-844-COL-ADRC / 1-844-265-2372