



Application for Enid Mobile Meals

Date: _____

First Name: _____ Last Name: _____ MI: _____

Street: _____ Phone: (_____) _____

Complex: (if apartment) _____ Zip: _____

Birthday: _____

Gender: Male _____ Female _____

Do you reside in Enid City Limits Yes _____ No _____

Select the reason for needing the service: Long Term Homebound _____

Temporarily Homebound _____

Homebound some days, not always _____

Caregiver or Disabled person living with client _____

Other _____

Clearly describe the physical problem causing you to need this service:

Please enter an Emergency Contact Person not living with you- AND living in Enid:

***This information is very important as we will need two phone numbers for applicant in case of emergency.**

Name/Relationship: _____

Address _____ City: _____ St _____ Zip: _____

Home or Cell Phone: (_____) _____ Work Phone: (_____) _____

Who referred you to us? _____

(over)

Application for Enid Mobile Meals

Please answer the following questions to help us serve you better:

Do you live alone? Yes _____ No _____

Dietary Restrictions: Please note that we do not offer food substitutions. Menu is attached, please make sure this meets your dietary restrictions.

Do you currently have: Medicare _____ Medicaid _____

Are you a Veteran? Yes _____ No _____ Veteran's spouse? Yes _____ No _____

Do you find a need for other services to include:

[Commodity Box Delivery](#)

[Telephone Reassurance](#)

[Senior Social Center](#)

I agree and understand that I owe \$76.00 per month, and there will be no monthly billing to my house and that it is my responsibility to make my payments on time each month to receive the Enid Mobile Meals, and that I have read and understand the information page attached. **I also understand that a \$76 payment must be included with the application in order to get meals started**

Name:

Signature:



Person Responsible for monthly payments (if different than above):

TO BE COMPLETED BY OFFICE STAFF ONLY

Date Approved _____

Start Date _____

Route Number _____

Mapped on Route _____

Birthday List _____

List for hospitals _____

In Accounting System _____

Emergency Contact Card _____

Filed _____

OFG Status:

Reason OFG _____

Date OFG _____

Route Number _____

Mapped on Route _____

Birthday List _____

List for hospitals _____

In Accounting System _____

Emergency Contact Card _____

Filed _____

Remit to: Enid Mobile Meals, 602 S. Van Buren, Enid, Ok 73703 or by Fax to: 580.233.5937 or email to: enidrvp@sbcglobal.net

Application for Enid Mobile Meals

Let's Do Lunch!

We deliver nutritious and balanced meals—straight to your door—Monday through Friday at lunchtime.

ONCE YOUR MEALS HAVE STARTED- Things You will need to know..

About Your Meals:

- Meals are delivered once per day, Monday thru Friday, around noon.
- If you have not received your meal by 12:30 p.m. call us at 233-5914.
- If Enid Public Schools are closed DUE TO WEATHER, we will not deliver meals.
- **WE DO NOT DELIVER ON MAJOR HOLIDAYS.**
(New Year's Day, Birthday of Martin Luther King Jr., Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Day)

About Your Payment:

- Our drivers are not allowed to take payments, they must be mailed in.
- The amount of **\$76.00** should be mailed to be received by our office by the 5th of each month.
- **YOU WILL NOT RECEIVE MONTHLY STATEMENTS.**
- If you have any questions about what you owe please call the office at 233-5914.
- We DO NOT send out monthly reminders that your bill is due- this will be your responsibility to remember each month.

How to Cancel Meals:

- **DO NOT** call hospitals or tell the person who delivers meals- **YOU MUST LET THE OFFICE KNOW THAT YOU WILL MISS A MEAL OR WANT OFF THE MEALS FOR GOOD.**
- **One Day Only** – if you need off because you will be gone for a doctors apt, holiday, etc.- This must be done **the day before you want off before 8:30am.** If you will be gone during the delivery hours but still want your meal- simply leave a cooler out front and our drivers will leave it in the cooler- Please mark the cooler: "Mobile Meals" so they know which container to put your meal in.
- **Off Until Notified** – please call if you are in the hospital or under other care and will not be needing your meals for a prolonged period of time but you plan to return but not sure when- Call the office.
- **Off Permanently** – Call the Office if you want to stop meals completely.
- It takes at least 24 hours to start and/or stop meals
- It is assumed that you want meals to continue each month unless you call by the 25th of the month.

WE HOPE YOU ENJOY YOUR MEALS!!

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