



**Senior Citizens Center**  
 1102 Oxley St., South Pasadena, CA 91030  
 Phone: (626) 403-7360

## HOME DELIVERY MEALS PROGRAM

# REQUEST FOR HOME-DELIVERED MEALS

This program provides a hot, nutritious meal five (5) or seven (7) days per week to the frail elderly and older adults recovering from an illness. We also offer box lunches for the weekend upon request. The meal is not intended for those who are ambulatory and able to participate in the on-site program offered by the Senior Center.

Meals are delivered by volunteers Monday through Friday between 11 a.m. and 12:30 p.m.

<b>Name of Person(s) Receiving Meal:</b>			
<b>Street Address:</b>	<b>City:</b>	<b>Zip Code:</b>	
<b>Email Address:</b>			
<b>Telephone Number:</b>			
<b>Date of Birth:</b>	<b>Sex:</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Other
<b>In Need of Home Delivery Due to:</b>	<input type="checkbox"/> Illness	<input type="checkbox"/> Frail	<input type="checkbox"/> Disabled
<b>Explanation:</b>			

ANTICIPATED LENGTH OF NEED FOR HOME DELIVERIES			
<b>Days per Week:</b>	<input type="checkbox"/> 5 days <input type="checkbox"/> 7 days	<b>Meals per Day:</b>	<input type="checkbox"/> 1 meal <input type="checkbox"/> 2 meals <input type="checkbox"/> Other: _____
<b>Start Date:</b>	<b>End Date:</b>		

ACCOUNT INFORMATION			
<b>Name of Person Paying for Meals (other than client):</b>			
<b>Street Address:</b>	<b>City:</b>	<b>Zip Code:</b>	
<b>Telephone Number:</b>			
<b>Emergency Contact:</b>	<b>Relationship:</b>	<b>Phone:</b>	
<b>Emergency Contact (2):</b>	<b>Relationship:</b>	<b>Phone:</b>	

**Signature:** X **Date:** \_\_\_\_\_

OFFICE USE ONLY	
Evaluation by: _____	Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied

<b>Fiscal Year:</b>

# CDBG REGISTRATION FORM

The meal program receives federal funding and requires a registration form each fiscal year from participants. The information is maintained for annual auditing purposes.

<b>Name of Person(s) Receiving Meal:</b>			
<b>Street Address:</b>		<b>City:</b>	<b>Zip Code:</b>
<b>Telephone Number:</b>		<b>DOB:</b>	<b>Age:</b>
<b>Email:</b>		<b>Start Date:</b>	

HEAD OF HOUSEHOLD INFORMATION	
<input type="checkbox"/> A <b>female</b> heads the household where the person receiving meals resides.	<input type="checkbox"/> A <b>male</b> heads the household where the person receiving meals resides.

HOUSEHOLD SIZE & INCOME LEVEL (Please check next to the category that best describes your household):			
HOUSEHOLD SIZE	INCOME LEVEL		
<input type="checkbox"/> 1	<input type="checkbox"/> \$25,000 or less	<input type="checkbox"/> \$25,051 to \$41,700	<input type="checkbox"/> \$41,701 to \$66,750
<input type="checkbox"/> 2	<input type="checkbox"/> \$28,600 or less	<input type="checkbox"/> \$28,601 to \$47,650	<input type="checkbox"/> \$47,651 to \$76,250
<input type="checkbox"/> 3	<input type="checkbox"/> \$32,200 or less	<input type="checkbox"/> \$32,201 to \$53,600	<input type="checkbox"/> \$53,601 to \$85,800
<input type="checkbox"/> 4	<input type="checkbox"/> \$35,750 or less	<input type="checkbox"/> \$35,751 to \$59,550	<input type="checkbox"/> \$59,551 to \$95,300
<input type="checkbox"/> 5	<input type="checkbox"/> \$38,650 or less	<input type="checkbox"/> \$38,651 to \$64,350	<input type="checkbox"/> \$64,351 to \$102,950
<input type="checkbox"/> 6	<input type="checkbox"/> \$41,500 or less	<input type="checkbox"/> \$41,501 to \$69,100	<input type="checkbox"/> \$69,101 to \$110,550
<input type="checkbox"/> 7	<input type="checkbox"/> \$44,350 or less	<input type="checkbox"/> \$44,351 to \$73,850	<input type="checkbox"/> \$73,850 to \$118,200
<input type="checkbox"/> 8	<input type="checkbox"/> \$47,200 or less	<input type="checkbox"/> \$47,201 to \$78,650	<input type="checkbox"/> \$78,651 to \$125,800

ETHNIC BACKGROUND (Please check next to the category that best describes your origin):	
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American – Hispanic	<input type="checkbox"/> Black/African American & White – Non Hispanic
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American – Non Hispanic	<input type="checkbox"/> Black/African American – Hispanic
<input type="checkbox"/> American Indian/Alaskan Native & White – Hispanic	<input type="checkbox"/> Black/African American – Non Hispanic
<input type="checkbox"/> American Indian/Alaskan Native & White – Non Hispanic	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander – Hispanic
<input type="checkbox"/> American Indian/Alaskan Native – Hispanic	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander – Non Hispanic
<input type="checkbox"/> American Indian/Alaskan Native – Non Hispanic	<input type="checkbox"/> Other Race – Hispanic
<input type="checkbox"/> Asian – Hispanic	<input type="checkbox"/> Other Race – Non Hispanic
<input type="checkbox"/> Asian – Non Hispanic	<input type="checkbox"/> White – Hispanic
<input type="checkbox"/> Black/African American & White – Hispanic	<input type="checkbox"/> White – Non Hispanic

*I certify that the above information is true and accurate, and that supporting documentation can be provided upon request.*

**Signature:** X **Date:**  

OFFICE USE ONLY	
Completed by: _____	Date: _____
Entered into Database: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered: _____ Tracking #: _____