



1402 Borger Street  
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Plainviewmealsonwheels.org

**NOTICE:** In order for Health & Human Services to pay for the cost of your meals, you must apply for assistance through the Texas Department on Aging and Disability. Telephone number is 1-877-723-9049. Eligibility is based on age and disability.

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

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

Home telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact:

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

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

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name & address of your doctor: \_\_\_\_\_

Generally describe client's physical condition (walker, wheelchair, cane diabetes, vision, hearing etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check all that apply:

\_\_\_\_\_ I am on hospice care. Agency: \_\_\_\_\_

\_\_\_\_\_ I have been released from the hospital within the last 5 days and understand that meals will be provided from community donations if available for 10 days (age 60 or over or disabled).

\_\_\_\_\_ I am an honorably discharged veteran over the age of 65, or a dependent or surviving spouse of a veteran. Attached is veteran verification form and documentation of military service. Spouses must provide proof of marriage by either a marriage license or death certificate of veteran naming surviving spouse. I understand I will need to fill out a Veteran Application.

\_\_\_\_\_ If none of the above apply, I understand that I will pay \$5.25 per meal for noon time meal delivered Monday through Friday (age 60 or over or disabled).

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Date of application

\_\_\_\_\_  
Signature of Applicant