



**NAME:** \_\_\_\_\_ **DATE of BIRTH:** \_\_\_\_\_

**PHONE (home):** \_\_\_\_\_ **PHONE (cell):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **SEX:**  Male  Female  Other

**PRIMARY LANGUAGE:**  Spanish  English **CLIENT STATUS:**  New  Returning

**NUMBER OF PETS:** Cat \_\_\_\_\_ Dog \_\_\_\_\_ **DO YOU OWN A MICROWAVE?**  Yes  No

**ETHNICITY:**  Hispanic  Caucasian  African American  American Indian  Asian  Other

**LOCATION OF RESIDENCE:**  City of Santa Fe  Santa Fe County  Outside Santa Fe County

**SPECIAL DRIVING AND/OR DELIVERY INSTRUCTIONS:**  
\_\_\_\_\_  
\_\_\_\_\_

**DIAGNOSIS / REASON FOR REQUESTING SERVICE:**  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH INSURANCE:**  Medicaid  Medicare  BC/BS  Presbyterian  
 Molina  United Healthcare  Private/Supplemental

**DAYS REQUESTING MEAL DELIVERY:**  Mon  Tue  Wed  Thu  Fri

**# FROZEN MEALS FOR WEEKEND:**  0  1  2  Other:

**REQUESTED DIET (SUBJECT TO STAFF APPROVAL)** **SELECT 1 DIET CATEGORY ONLY:**

- Regular** *(for individuals with no food restrictions)*
- Easy Digest** *(for individuals who need food that is easy to digest with no hot spices)*
- Renal / Low Sodium** *(for those with chronic kidney disease or who need a low sodium diet)*
- Vegetarian** *(for individuals who follow a plant-based diet)*

**NEAREST RELATIVE:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**MEDICAL CONTACT:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_ **REFERRAL PHONE:** \_\_\_\_\_

**INTAKE COMPLETED BY:** \_\_\_\_\_ **DATE INTAKE COMPLETED:** \_\_\_\_\_

*Office use only*  
**CALL DATE** \_\_\_\_\_ **START DATE** \_\_\_\_\_ **END DATE** \_\_\_\_\_ **CI#** \_\_\_\_\_



**SECTION I -- Potential Kitchen Angels Client – FILL OUT THIS SECTION ONLY & return to Kitchen Angels.**

I, \_\_\_\_\_, authorize  
*(Print your Name)*

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*(Print Name of Treating Physician, Case Manager, Social Service Agency Representative, or Licensed Care Provider)*

to release necessary information so that I may be considered for meal services by Kitchen Angels.

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*(Your Signature)* *(Today's Date)*

Kitchen Angels is a non-profit agency that delivers free, nutritious meals to persons who are facing life-challenging health conditions. We have 3 qualifying criteria:

1. **Client is Homebound.** We define "homebound" as physically confined within one's own home due to illness associated with HIV/AIDS, cancer, MS, or other debilitating conditions. Exceptions may include doctor appointments, necessary trips to assistance agencies, and occasional assisted outings.
2. **Client has no regular resources for meals.** They are ineligible for other area food service programs, and have no local family who can assist with shopping and preparing food on a regular basis.
3. **Client is 60 years of age or younger.** We serve individuals who are under 60 years of age. We are able to serve those over age 60 *only* if they have a medically mandated dietary restriction.

**SECTION II – Licensed Care Provider – Complete EVERY QUESTION in this section & return by \_\_\_\_\_.**

Based on the above criteria & definition, is the person requesting meals homebound?     YES     NO

What are the person's diagnoses? \_\_\_\_\_

Is the person physically able to shop and cook regularly?     YES     NO

For approximately how long will the person require our services? \_\_\_\_\_

**Recertification required after TWO YEARS**

<p><b>Select 1 Diet Category Only</b></p> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Regular  <input type="checkbox"/> Easy Digest  <input type="checkbox"/> Renal/Low Sodium  <input type="checkbox"/> Vegetarian         </div>	<p><b>Select any additional dietary requirements</b></p> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> No Red Meat      <input type="checkbox"/> Gluten Free      <input type="checkbox"/> No Sugar  <input type="checkbox"/> Chopped            <input type="checkbox"/> Pureed  <input type="checkbox"/> Food allergies _____         </div>
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*(print licensed care provider's name & title)* *(licensed care provider's signature)*

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*(phone number)* *(fax number)* *(today's date)*



I, \_\_\_\_\_, hereby apply for meal delivery service from KITCHEN ANGELS.

I understand that KITCHEN ANGELS is an all-volunteer service that is provided to me free of charge and I agree to treat volunteers and staff with courtesy.

I authorize KITCHEN ANGELS to communicate with my health care provider(s), my care giver(s), and my health insurance provider(s) as it may relate to my KITCHEN ANGELS service or my condition.

**PLEASE INITIAL EACH OF THE FOLLOWING STATEMENTS**

\_\_\_\_\_ I will be home to receive meal delivery between **3:30 and 5:30 p.m.** on the days I have specified;

\_\_\_\_\_ If I am not home for my scheduled delivery, it is my responsibility to call KITCHEN ANGELS and re-establish meal delivery service;

\_\_\_\_\_ I will give KITCHEN ANGELS at least 24 hours advance notice if I need to suspend or resume meal service. Furthermore, I will notify the office when I have recovered, am no longer homebound\*, or become ineligible for service for any reason. [\*Homebound is defined as being physically confined to one's home by illnesses or debilitating conditions except for attending doctors' appointments, necessary trips to assistance agencies, and occasional assisted outings.]

\_\_\_\_\_ I will inform KITCHEN ANGELS of any change of address, delivery instructions, contact information, or other details pertinent to my meal delivery service. I will also inform the office of any medically mandated dietary changes;

\_\_\_\_\_ I understand that delivery times and protocols may change due to weather, holidays and unforeseen circumstances. KITCHEN ANGELS will inform me of any changes;

\_\_\_\_\_ I will keep any pet(s) I have confined, ensure entrances are well lit, and otherwise make access to my home for deliveries as easy as possible;

\_\_\_\_\_ I will not be under the influence of illegal drugs or alcohol at the time of delivery;

\_\_\_\_\_ I understand that KITCHEN ANGELS reserves the right to refuse delivery to me if I threaten, harm, or exhibit abusive behavior toward any volunteer or staff;

\_\_\_\_\_ If I have a problem with the food, meal delivery, a volunteer, or service, I will call KITCHEN ANGELS to discuss the matter with client services;

\_\_\_\_\_ I will respond promptly to any request for paperwork.

I have read the above and understand that if I fail to comply with this agreement, my meal service may be discontinued.

\_\_\_\_\_

*Client Signature*

\_\_\_\_\_

*Today's Date*