

# Bloomfield Township Senior Services – MEAL DELIVERY SERVICES REQUEST FORM

This completed form can be: mailed to Bloomfield Seniors, 4315 Andover Rd, Bloomfield Township, MI, 48302;  
or emailed to Mary Osborne, MSW, Nutrition Coordinator, at [mosborne@bloomfieldtp.org](mailto:mosborne@bloomfieldtp.org). Call 248-723-3500 with questions.

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Email address (if used regularly) \_\_\_\_\_

**Hot Meal Requested:** M T W TH F  
(circle days desired)

**Beverage:** Skim Milk 2% Milk Juice  
(circle one)

**Frozen Meal with Sides Bulk Pack:** 3 Meals 5 Meals  
Delivered Monday Only (circle one)

**Beverage** Skim Milk 2% Milk Juice  
(circle one)

**Frozen Entrée/Vegetable only Bulk Pack:** 3 Meals 5 Meals  
Delivered Monday Only (circle one)

I Live: Alone \_\_\_\_\_ With Spouse \_\_\_\_\_ W/ Children \_\_\_\_\_ Other \_\_\_\_\_

Impairments  
(Check all that apply)

- \_\_\_\_\_ Vision
- \_\_\_\_\_ Hearing
- \_\_\_\_\_ Speech
- \_\_\_\_\_ Confusion

Assistance Devices Used  
(Check all used)

- \_\_\_\_\_ Wheelchair
- \_\_\_\_\_ Cane
- \_\_\_\_\_ Walker
- \_\_\_\_\_ Bedridden

Race/Ethnicity  
(Please check—used for funding/reporting purposes)

- \_\_\_\_\_ African American
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Caucasian
- \_\_\_\_\_ Hispanic
- \_\_\_\_\_ Native American/Alaskan
- \_\_\_\_\_ Native Hawaiian/Pacific Islander
- \_\_\_\_\_ Other

Allergies \_\_\_\_\_  
(Please list ALL allergies)

## **EMERGENCY CONTACTS**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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

Email address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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

Email address \_\_\_\_\_

Referred by \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_