

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@bloomfieldtwpmi.gov 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:
Delivered Monday Only

3 Meals 5 Meals
(circle one)

Beverage Skim Milk 2% Milk Juice
(circle one)

Frozen Entrée/Vegetable only Bulk Pack:
Delivered or Picked up Monday Only

3 Meals 5 Meals
(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 _____