



BOROUGH OF EAST NEWARK

Meals-on-Wheels Eligibility Form

Name: _____
First/Nombre M/Incial del Segundo nombre Last/apellido(s)

Address: _____
City/ciudad State/estado Zip Code/Código postal

Telephone Number/Numero de telefono:

Home/Casa: _____ Cell/celula: _____

Email/correo electrónico: _____

Date of Birth/fecha de nacimiento: ____/____/____
MM/DD/YYYY

Gender/genero:

- M
- F
- Other/otro: _____

Ethnicity/etnicidad:

- African American/afro Americano
- White/Blanco
- Asian/Asiatico
- Hispanic/ Hispano
- Other/otro: _____

Are you interested in?

- Congregated Meals/comidas congregadas
- Home Delivery/entrega a domicilio

Living Arrangements:

- Female Head of Household/jefa de hogar
- Homeless/vagabundo
- Live Alone/vivo solo
- Live with Spouse/vivo con conyuge (union social)

Please check all of the below that pertain to you:

Medical Restrictions:

- Cognitive Impairment/deterioro cognitivo
- Disabled/desabilitado
- Diabetic/diabético
- Frail/frágil
- Homebound/ en cama
- Unable to Shop/incapaz de comprar
- Other/otro: _____

