GOVERNMENT OF THE VIRGIN ISLANDS
Virgin Islands Department of Human Services

MEALS ON WHEELS COVID-19 RESPONSE APPLICATION

LAST NAME: ______________________ FIRST NAME: __________________________ M.I. ____

Date of Birth: ______________________ Marital Status: ____________ Race:_________ Sex:____

Physical Address: ____

Telephone: (Home) ___________________________ (Cellular)______________________________

Email address: ____

In case of emergency, contact:

Name: ______________________________________ Telephone: ___________________________

Email address : ____

HOME ADDRESS: Please provide **DETAILED** directions to the home below.

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The completed form may be emailed to: alice.henry@dhs.vi.gov or PAP.SeniorNutrition@dhs.vi.gov

FOR QUESTIONS OR MORE INFORMATION, PLEASE CALL:

STX: (340) 772-7100 ext. 7900 or 7055 or 7056
(340) 642-6289 (Please **do not** leave a message, the voicemail is not working)

If you are unable to get through on either number, please call the St. Thomas numbers and leave a message

STT: (340) 774-0930 ext-4249 or x-4246
STJ: (340) 776-6334

Drop boxes are available on:
St. Croix at Herbert Grigg Home for the Aged Guard Booth and the Richmond Senior Center
St. Thomas, DHS Knud Hansen Building in Hospital Ground
St. John DHS Multi-Purpose Center across from the Fire Station

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ATTESTATION FORM:
The individual whose name appears on this form has applied for assistance from the Meals on Wheels Program and will answer the following information to the best their knowledge. I ________________________________ attest that the information provided below is true.

NAME OF CLIENT: ____

Physical Limitations:

Use of Hands	Normal	Limited	Disabled
Use of legs/feet	Normal	Limited	Disabled
Speech/Use of Mouth	Normal	Limited	
Use of Eyes	Normal	Limited	Blind
Mental Status	Normal	Limited	
Bedridden?	Yes	No	

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Any History of the Following? (Circle all that apply)

CVA/Stroke	Heart Disease	Diabetes	Hypertension
Alzheimer's/Dementia	Kidney Disease	Cancer	Other: _________________

Dietary Restrictions (Circle all that apply) :

1. No dietary restrictions
2. Low Sodium
3. Diabetic
4. Low Potassium
5. Puree
6. Chopped
7. Other ___________________________

*******IMPORTANT – PLEASE READ BEFORE SIGNING!!!*******

Because of safety precautions due to the Covid-19 virus, in order to receive meals, **<u>a container MUST be left outside the door of the client</u>** so that meals can be placed inside. Delivery staff are instructed to have minimal interaction with clients to limit the potential for disease transmission. The container can be a small cooler or any container that can hold the meals. **MEALS WILL NOT BE LEFT AT THE RESIDENCE IF THE CLIENT IS NOT HOME.**

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Person Completing Form (Print) SIGNATURE/DATE