



Anointed Community Services, Inc.

Meals on Wheels Intake

Complete the following questions as you feel comfortable for yourself or for the person receiving the assistance. Resources and services will be explored and made available to you based on the information you share with us. FAX BACK TO 352-561-8741 OR EMAIL TO info@anointedcs.org.

Name: _____

Address: _____

City, State and Zip: _____

Telephone: _____ Email: _____ D.O.B. _____

INFO FOR REPORTING PURPOSES:

Are you a Veteran? Yes ___ No ___

Do you have a Mental Illness? Yes ___ No ___

Are you Disabled? Yes ___ No ___

Do you receive Social Security? Yes ___ No ___

Are you a: Homeowner ___ Renter ___ ?

Are you Homeless? Yes ___ No ___

Person referring you to us for services:

Name: _____ Phone: _____

Do you have a case manager? Yes ___ No ___

(A case manager is someone who helps you focus your efforts upon issues that need to be resolved, provide referrals or help you move forward and achieve success)

Would you like to talk to a case manager? Yes ___ No ___

What assistance are you in need of? (Check all that apply)

_____ **Food Deliver**/Food Stamps/Medicaid

_____ Free Bus Passes

_____ Social Security Disability

_____ Veteran Services

_____ Unemployment

_____ Life Skills/Job Prep/Computer Classes

_____ Legal Document Assistance *

_____ Professional Resume

_____ Paid Internship Program

_____ Notary Public Service

_____ WIN Utility Assistance

_____ After School Program

_____ Women's Ignite Network

*ACS staff members are not attorneys and do not give legal advice or accept fees for legal advice. We encourage you to contact an attorney for legal advice and legal representation.

My signature constitutes that I have read this form and fully understand its contents and affirm that my answers are true and correct. I also give consent for your staff to call me with more details about your programs or services.

Sign _____

Date _____

Person other than the client who completed this form:

Date _____

Signature of Family Member