MARION POLK FOOD SHARE
MEALS ON WHEELS

Meals on Wheels Inquiry Form

☐ Home Delivery Today's Date: _____

☐ Congregate In-Person Lunch at Center 50+

☐ Congregate In-Person Lunch at South Salem Senior Center

Your Name: _____

(First) (Middle) (Last)

Date of Birth: _____/_____/_____ Primary Language: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Secondary Contact Person: _____

Phone Number: _____

Number in Household: _____ Marital Status: ☐ Married ☐ Single ☐ Widow

Total Monthly Income: $_____ Gender: ☐ Female ☐ Male ☐ Non-binary

US Veteran: ☐ Yes ☐ No

Updated on: 6/23/2026