

MEALS ON WHEELS
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FEEL RIGHT AT HOME REFERRAL

The Feel Right at Home meal program helps your patients transition back to home after a hospital or rehabilitation stay. We offer two weeks of meals at no cost after which participants may choose to end meal service or continue on the program at a cost based on their monthly incomes.

Patient Information

Name _____ ☐ Male ☐ Female DOB _____
Address _____ Home phone _____
_____ Cell phone _____
Race ☐ African American ☐ American Indian ☐ Asian ☐ Hispanic ☐ White
Primary language (if other than English) _____
Food allergies _____
Primary care physician _____ Diagnosis 1 _____
2 _____

Meal and Delivery Information

☐ **Option 1: Hot Meals** – One meal per delivery

Days (three-day minimum)

☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday

Type

☐ Regular
☐ No concentrated sweets
☐ Low lactose
☐ Kosher (limited delivery area)

Beverage

☐ 2% milk
☐ Skim milk
☐ Lactaid
☐ Juice

Consistency

☐ Regular
☐ Ground

☐ **Option 2: Frozen Meals** – One box of 7 frozen meals delivered once per week. Beverage is skim milk. We cannot accommodate allergies, dislikes, ground consistency, or kosher meals with this option.

Desired date of first meal _____

Special instructions or safety concerns _____

Pets _____ (pets must be restrained during meal delivery)

Patient's Alternate/Emergency Contact Information

Name _____ Daytime phone _____

Referral Source

Name _____ Phone _____
Facility _____