MEALS on WHEELS DIABLO REGION

1300 Civic Drive, Walnut Creek, CA 94596 • phone / 925.937.8311 • fax / 925.946.1869 • info@mowdr.org • www.mowdiabloregion.org

HOME SAFETY MODIFICATION REFERRAL FORM

Please complete as much of this form as possible and fax to Meals on Wheels Diablo Region at 925.937.8311 or email to abalke@mowdr.org.

Client's Name: _____ **Client Phone:** _____

Care Giver's Name: _____ **Care Giver's Phone:** _____

Client's Address: _____

City & Zip: _____ **Best time to reach client?** _____

Date of Birth: _____ **Male or Female** **Marital Status:** _____

Does the Client live alone? YES or NO
Does the Client Own or Rent their home? OWN or RENT
Monthly Income: _____

Is the Client English speaking? YES or NO
If no, is there an Interpreter available? YES or NO
Race/Ethnicity*: (Please, circle one*)
African American, Asian, Pacific Islander, Hispanic, White, American Indian/Alaska Native, Other: _____
Is the Client a Veteran? YES or NO

Reason for referral?
_____
Has the Client had a fall? YES or NO **If yes, when and where?** _____
How many falls in the past 6 months? _____
Was 911 called after fall? YES or NO
Did the call result in ambulance ride/hospital admission? YES or NO

Family Member to contact: _____ **Phone Number**: _____
What other agencies are involved in clients care? *(ex: Home Health, IHSS, unknown)*

Comments
