



Kickapoo Tribe of Oklahoma

Title VI Program - Application for Home Delivery

Date: _____ Referred by: _____

Name: _____ Date of Birth: _____

Address: _____
Street/PO Box City, State Zip Code

Direction/Location: _____

Cell Phone: _____ Message Phone: _____

Physical Condition: _____

Ambulatory: ___Partial ___Wheelchair ___Cane ___Crutches ___Homebound

Vision: ___Partial ___Blind **Hearing:** ___Partial ___Hard of Hearing ___Deaf

Elder to be re-checked in: ___ 3 Months ___ 6 Months ___ Months

Meal Information (Special Considerations): ___ No Sweets ___ No Bread ___ No Milk

Other Instructions (Allergies/Food Preferences): _____

Disaster or Contact Emergency Information:

Name	Relationship

Does Elder need emergency water? ___Yes ___No

Caregiver Information:

Name	Schedule	Phone Number	Paid?

May the delivery person enter the elder's home after knocking, without waiting for a response from the elder? ___Yes ___No

Does the elder own dogs that could interfere with the delivery? ___Yes ___No

Client Signature