



**MEALS on WHEELS**  
**MONTGOMERY COUNTY**  
**SENIOR RIDES**

**PLEASE PRINT AND COMPLETE THE FOLLOWING FORMS.**

**FAX OR MAIL BACK TO:**

***MEALS ON WHEELS MONTGOMERY COUNTY SENIOR RIDES***

***TRANSPORTATION DEPARTMENT***

***1202 CALLAHAN AVE.***

***CONROE, TX 77301***

***FAX # 936-539-2981***



**Meals on Wheels Montgomery County  
Senior Rides Bus Program**

Are you currently receiving any other Meals on Wheels service? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which one: \_\_\_\_\_

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: Montgomery

Phone #: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

***\*If under the age 65, Proof of Disability letter is required. Include the Disability letter with this application.***

If you live in a gated community or have a specific code we need to know please list it here: \_\_\_\_\_

***\*Let us know the gate code on the phone when you call to schedule a ride.***

Marital Status: Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Never Married \_\_\_\_\_

Do you live alone? Yes No Number of people in household (including yourself): \_\_\_\_\_

Current Income: Estimated Monthly Income: \_\_\_\_\_ Source: \_\_\_\_\_

Healthcare: Medicare \_\_\_\_\_ Medicaid \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Client Race: \_\_\_\_\_

Are you head of the household? Yes No

Do you have a disability? Yes No

*If yes, what is your disability:* \_\_\_\_\_

Check all the mobility aids you currently use:

- \_\_\_\_ Cane \*If Wheelchair or Scooter, can you transfer to a seat? Yes No
- \_\_\_\_ Walker
- \_\_\_\_ Manual Wheelchair
- \_\_\_\_ Power Wheelchair
- \_\_\_\_ Powered Scooter

Do you carry a portable oxygen tank? Yes No

If yes, will you be using a: \_\_\_\_ Portable carry pack \_\_\_\_ Caddy tank

Are you able to get to and from the vehicle and take care of yourself without assistance? Yes No

***If no, a Personal Care Assistant (PCA) will be required.*** Do you have a PCA? Yes No

PCA Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

***\*Please turn over and complete other side of this application***

To schedule your ride:

**Call the MOWMC Transportation line at 936-756-5855**

**Monday – Friday 8:00am – 3:00pm**

If we do not answer immediately then please leave a message with your full name and phone number. Voicemail is regularly checked during business hours. You only need to call once.

**\*\*Please note that appointment times, days of service, and rides vary by region.**

**\*\*Notice: There may be times we are unable to accommodate every ride request due to scheduling availability.**

Please fax or mail forms back to:

Meals on Wheels Montgomery County Senior Rides  
Transportation Department  
1202 Candy Cane Lane  
Conroe, TX 77301

Fax# 936-539-2981

*If you are able to scan and email back to us please send scan to:  
[Sherry@mowmc.org](mailto:Sherry@mowmc.org)*

*I affirm that all information is complete and true, and that I have received and reviewed my copy of the MOWMC Bus Rider Guidelines.*

Applicant's Signature

Date