



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

111 SOUTH 2ND STREET

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: _____

Relationship to Client: _____

****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.***

Are you a veteran _____ spouse of a veteran _____ or Dependent of a veteran _____

If yes, which branch? _____

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

_____ Walker

_____ Manual Wheelchair

_____ Power Wheelchair

_____ Powered Scooter

*If Wheelchair or Scooter, can you transfer to a seat? Yes No

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
111 South 2nd Street
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*

I affirm that all information is complete and true.

Applicant's Signature

Date

KNOW YOUR RIGHTS

MOWMC strictly enforces Title VI and is committed to practicing non-discrimination. If you believe you have been subjected to discrimination you may file a complaint with the Transportatoin Coordinator at 936-756-5855.