

MEALS ON WHEELS~CLIENT REPORT FORM

\*\*NOTE: ONE CLIENT PER FORM PLEASE\*\*

INSTRUCTIONS: Please notify staff of any unusual situations regarding  
The clients on your route, particularly:

- ~ Accidents or health problems
- ~ Complaints or requests for services or information
- ~ Any situation that is not safe for client
- ~ No answer at clients home
- ~ Moved
- ~ Deceased

PLEASE RELAY THIS INFORMATION BY COMPLETING THIS  
FORM

DATE: \_\_\_\_\_

VOLUNTEER  
NAME & PHONE NUMBER: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

COMMENTS AND/OR  
RECOMMENDATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STAFF  
RESPONSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_