

# SPECIAL DELIVERY

SAN DIEGO



## AGENCY FORM

Applicant's Name \_\_\_\_\_

The above named applicant is currently being case managed by:

\_\_\_\_\_  
(Agency Name)

We have this client's diagnosis on file with our agency.

The above named applicant is unable to prepare nutritionally sound meals for him/herself on a regular basis and requires assistance from a home delivered meal program for help in assuring adequate nutritional intake. This need is based on (check either or both)

\_\_\_\_\_ Physical Status      \_\_\_\_\_ Lack of adequate food preparation facilities

\_\_\_\_\_  
Signature of Physician or Case Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number