



# 2026 Get Out and Dine Program

Thank you for applying to the 2026 Get Out and Dine Program. This program gives those **60** and over the opportunity to have meals in local participating restaurants. The program also strives to reduce social isolation by encouraging individuals to enjoy these meals with community members, family, and friends.

## Please read before completing application

- You need to reapply each year to be eligible for the program. Individuals with the greatest need are prioritized. This is not a first come, first serve program.
- You must be at least 60 years old. Applications for participants under 60 are not accepted.
- You must live in a community setting. Those in Assisted Living Facilities, Nursing Homes and other settings that offer meals as a part of their service are not qualified.
- You must reside in Mahoning County, Columbiana County, or Southern Trumbull County (Southern Trumbull County includes Braceville, Warren, Howland, Vienna, Brookfield, Newton Falls, Lordstown, Niles, Weathersfield, McDonald, Girard, Liberty, Hubbard)  
**If you reside in Northern Trumbull County (Southington, Champion, Bazetta, Cortland, Fowler, Hartford, West Farmington, Bristol, Mecca, Johnston, Vernon, Mesopotamia, Bloomfield, Greene, Gustavus, and Kinsman) are not eligible for the program.**
- You cannot receive home delivered meals through any other funding source or provider.
- This is a dine in only program. No carry out, no exceptions
- Receiving the dining card in 2025 does not guarantee you a spot for 2026. You may be placed on a waitlist and may receive the dining card sometime throughout the year as funding becomes available. A spot on the program is never guaranteed.



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- If you are currently on the program or have been in the past and have a dining card, please keep your dining card. If you are selected, we can reactivate it for the 2026 program.

If you have any questions or concerns, please contact Allison Marscio at 330-505-0250.

Please return the attached completed application to:

Direction Home of Eastern Ohio

Attn: Get Out and Dine

1030 N. Meridian Rd.

Youngstown, Ohio 44509

Fax: 330-505-2401

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You will receive a letter at the end of December 2025 stating if you will be on the dining program beginning January 2026 or on the waiting list.

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# 2026 Get Out and Dine Application

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

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_Male \_\_\_\_Female

\_\_\_\_\_  
Street Address Apt# City Zip Code

Township (Trumbull Co. Residents Only): \_\_\_\_\_

County: \_\_\_\_Columbiana Phone Number \_\_\_\_\_  
\_\_\_\_Mahoning  
\_\_\_\_Trumbull

Do you have a dining card from being on the program in the past? Yes \_\_\_\_ No \_\_\_\_

What is your **total** monthly household income? \_\_\_\_\_

Do you receive home delivered meals? Yes \_\_\_\_ No \_\_\_\_

Do you live alone? Yes \_\_\_\_ No \_\_\_\_

Are you disabled? Yes \_\_\_\_ No \_\_\_\_

## Ethnicity

\_\_\_\_ White/Caucasian

\_\_\_\_ Hispanic/Latino

\_\_\_\_ African American

\_\_\_\_ Asian/Pacific Islander

\_\_\_\_ American Indian/Alaskan

\_\_\_\_ Other

## Employment Status

\_\_\_\_ Unemployed

\_\_\_\_ Full Time

\_\_\_\_ Part Time

\_\_\_\_ Retired

**Complete Other Side**



Please check "yes" or "no" for each question	YES	NO
Have you made changes in your eating habits due to a health problem?		
Do you take up to three (3) or more prescribed or over-the-counter medicines?		
Are you always physically unable to shop, cook and/or feed yourself?		
Without wanting to, have you lost or gained ten (10) pounds in the last six (6) months?		
Do you sometimes NOT have enough money to buy food?		
Do you eat fewer than two (2) meals a day?		
Do you eat fewer than five (5) servings (1/2 cup each) of fruits and vegetables each day?		
Do you eat fewer than two (2) servings of dairy products each day?		
Do you have three (3) or more drinks of beer, liquor, or wine a day?		
Do you eat alone most of the time?		

*Signing below, I certify that I have completed the entire application and all information is true and correct.*

*I understand that if I have given any false information. I may be removed from the Meal Program.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_