

**The Meals on Wheels Program requires 2 days' notice for any new sign ups.**

Please keep in mind we deliver Monday through Friday between 9:30 am and 12 noon.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate number: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Building Name and access details: \_\_\_\_\_

Driver Instructions: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Pets in the home: \_\_\_\_\_ Do you qualify for Fair Entry? \_\_\_\_\_

**Reason for request:** please circle all that apply

- Medical injury
- Age related illness
- Recovery from surgery
- Disability
- Mobility loss
- Other: (please specify) \_\_\_\_\_

**Emergency Contact: (REQUIRED)**

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

Relationship: \_\_\_\_\_ (friend, neighbour, relative, etc.)

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Send Invoice to:** \_\_\_ Customer or \_\_\_ Name and Address Listed Below:

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**3 April 2017 cost per Meal: \$8.50**

**Start date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Meals Per Day:** \_\_\_\_\_

**\*\*When we are closed on Stat holidays (Christmas Day, Thanksgiving, etc.) would you like us to send you a frozen meal on the day before instead? \*\*** Yes / No

Delivery Schedule ~ Circle all days you wish to receive meals:

Monday Tuesday Wednesday Thursday Friday *\*Saturday\** *\*Sunday\**

Dietary concerns or allergies: \_\_\_\_\_

Any white Styrofoam delivery containers left at the client's house are the responsibility of the client to return to the Veiner Centre. Any unreturned containers will be added to the next invoice at a rate of \$30.00 per container. Thank you!

Pursuant to s. 33 (c) of the Freedom of Information and the Protection of Privacy Act, the personal information collected on this form is for the purpose of an operating program or activity of the City of Medicine Hat. The City of Medicine Hat must collect personal information directly from the individual that the information is about unless another method of collection is authorized by the individual or by an enactment of Alberta or Canada. The personal information provided will be protected under Part 2 of the Freedom of Information and the Protection of Privacy Act and will be used for admission to the Meals on Wheels program.

January 2020

FOR OFFICE USE ONLY:	
Route: _____	Account: _____