

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 check 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: _____

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 ~ Check 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: _____