

MEALS ON WHEELS

Client Application Form

Contact Information

Name of person filling out this application*

Email (for future correspondence)

Who should we contact to set services*

☐

Client directly

☐

Emergency Contact 1

☐

Emergency Contact 2

Client Information

Name of client interested in receiving service*

Client phone number

Client Address*

Which Program is of interest?

☐

Hot Meals

☐

Frozen Meals

☐

Both

Preferred Language:

☐

English

☐

French

Client Medical Information

Client Health Card Number*

Client Date of Birth*

Reason for meal program request:

Do you receive home care support?

Allergies or dietary restrictions:

Emergency Contacts

I give consent to Meals on Wheels to call the following emergency contacts:

Emergency Contact #1

Full Name*

Address

Phone number*

Email address*

Relationship*

Is this person your POA?

Emergency Contact #2

Full name

Address

Primary phone number

Relationship

Additional Information

How did you hear about Meals on Wheels?

- ☐ Previous knowledge
- ☐ Family/Friend/Volunteer
- ☐ Case Coordinator
- ☐ Hospital
- ☐ Website / Facebook / Flyer
- ☐ Other

If other, please specify