



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: _____

Email address if applicable _____

Building Name and access details: _____

Driver Instructions: _____ Date of Birth: _____

Pets in the home: _____ Do you qualify for a subsidy? _____

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) I agree that Veiner Centre Meals on Wheels program may contact the following person in the event of an emergency or other concerning situation, which shall be left to the judgement of the Meals on Wheels staff. Signed _____ Verbally agreed to: _____

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: _____

Email Address: _____

Cost per Meal: \$10.00

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: _____

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 Veiner Centre. The Veiner Centre 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.

FOR OFFICE USE ONLY: Route: _____ Date: _____
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