

## MILTON MEALS ON WHEELS –APPLICATION

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ Phone # \_\_\_\_\_ PREVIOUSLY ON SERVICE? Yes \_\_\_ No \_\_\_

DIRECTIONS \_\_\_\_\_

PREFERRED LANGUAGE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

ANYONE ELSE HOME WHEN MEAL DELIVERED? \_\_\_\_\_ ANY PETS? \_\_\_\_\_

REASON FOR REQUEST OF SERVICE \_\_\_\_\_

CAN YOU ANSWER DOOR TO RECEIVE MEAL? Yes ⑥ No ⑥ Details: \_\_\_\_\_

CAN YOU HEAR TELEPHONE/BELL/BUZZER WHEN VOL. ARRIVES? \_\_\_\_\_

PREFERRED METHOD OF COMMUNICATION: \_\_\_\_\_ TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ TEXT

HOT MEAL®		SANDWICH ⑥		FROZEN MEAL ⑥	
DIET TYPE –	REG ⑥	DIABETIC ⑥	BLAND ⑥	MINCED ⑥	OTHER ⑥

ANY FOOD ALLERGIES: \_\_\_\_\_

FOOD INTOLERANCES OR DISLIKES: \_\_\_\_\_

DAYS REQUIRED - MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THURS \_\_\_\_\_ FRI \_\_\_\_\_ TOTAL DAYS \_\_\_\_\_

INVOICE TO: \_\_\_\_\_ OR TO \_\_\_\_\_

### EMERGENCY CONTACTS:

#1. \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CONTACT/S EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ Tel(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

#2. \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ Tel(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

OTHER SERVICE PROVIDERS: NURSING: \_\_\_\_\_ HOME MAKING: \_\_\_\_\_

OTHER: \_\_\_\_\_

**CONSENT:** “Do you give your consent for the information you have given me today to be used to maintain your client file and to provide you with service? In the event that we cannot reach you regarding this service, do you give your consent for us to contact other service providers or telephone from another client’s residence?”

CONSENT GIVEN VERBALLY TO: \_\_\_\_\_

DATE: \_\_\_\_\_

INTAKE DATE: \_\_\_\_\_

START DATE: \_\_\_\_\_

NOTES :

