



# Meals on Wheels Registration Form

## Meals on Wheels Recipient:

Recipient's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Type of Meal:  Hot Meal: \$5.50/meal **OR**  Hot Meal & Sides: \$6.50/meal

If choosing Hot Meal & Sides:  Orange Juice **OR**  Cranberry Juice

If choosing Hot Meal & Sides:  Tea Bag **OR**  Decaf Coffee (Instant)

Delivery Days:  Monday  Tuesday  Wednesday  Thursday  Friday

Special Delivery Instructions: (e.g. which door to use, hard of hearing, etc.)

## Who is making these arrangements for MOW:

Name Relationship Day Phone E-Mail Address

Street Address City State Zip

## Billing Information - Person Financially Responsible:

Name Relationship Day Phone E-Mail Address

Street Address City State Zip

## Emergency Contacts:

1. Name Relationship Day Phone E-Mail Address

Street Address City State Zip

2. Name Relationship Day Phone E-Mail Address

Street Address City State Zip

**Please return completed form to [schultzg@independenceohio.org](mailto:schultzg@independenceohio.org)**

## For Office Use ONLY:

Notified:  Coyne Catering  Finance Dept.  Amber  Date: \_\_\_\_\_

Update:  MOW Schedule  Date: \_\_\_\_\_

Waiver on file?  Yes  No **Applicant must have a waiver on file to receive this service**