



# Meals on Wheels Application Community Services Department

## Meals on Wheels Recipient:

Recipient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Start Date: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Price of Meal: \$5.50/meal Dietary Restrictions: \_\_\_\_\_

Delivery Days:  Monday  Tuesday  Wednesday  Thursday  Friday

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

## Person Making the MOW Arrangements:

\_\_\_\_\_  
Name Relationship Day Phone Email

\_\_\_\_\_  
Street Address City State Zip

## Billing Information - Person Financially Responsible:

\_\_\_\_\_  
Name Relationship Day Phone Email

\_\_\_\_\_  
Street Address City State Zip

Billing Preference:  Mail invoice to above address (pay by check)  Credit Card (card on file)

Receipt:  Mail receipt to (name): \_\_\_\_\_  Email receipt to: \_\_\_\_\_

## Emergency Contacts:

1. \_\_\_\_\_  
Name Relationship Day Phone Email

\_\_\_\_\_  
Street Address City State Zip

2. \_\_\_\_\_  
Name Relationship Day Phone Email

\_\_\_\_\_  
Street Address City State Zip

## Program Notes:

- All meals are sodium free
- Menus are prepared ahead of time and will be provided to all participants
- Menus are seasonal (Spring/Summer and Fall/Winter) and rotate on a 5-week basis
- All meals are signed off on by a registered Dietitian and Head Chef

\*\*\*\*\*Office Use Only\*\*\*\*\*

Update:  MOW Delivery Schedule  MOW Billing Spreadsheet Date: \_\_\_\_\_