

Meals on Wheels Registration

Meals on Wheels Recipient

Name: _____

Address: _____

Phone Number: _____

Birthdays: _____

Lives Alone Lives with Spouse Lives with Family/Friend Other

Service Delivery: Monday Tuesday Wednesday Thursday Friday

Start Date: _____

Food Allergies: _____

Bill To: Client Next of Kin (see below) Fee: _____

Next of Kin

Name: _____

Relation to Client: _____

Address: _____

Phone Number &
Email _____

In the event of absence due to holiday, travel, hospital, etc., please notify the Lodge by calling 403-337-2999.

Additional Information: _____

Signature of Client or Next of Kin: _____

Signature of Coordinator: _____