



MEALS ON WHEELS

To qualify for this program, the applicant must be a senior, be disabled or unable to prepare a healthy meal for themselves due to medical problems, illness or recent hospitalization.

Recipient Information:

Name: _____ Street Address: _____

Phone Number: _____

Reason for Request: _____

_____.

Meals Required on Following Days (please circle):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Regular Diet: _____; Diabetic Diet: _____; Any Allergies: _____

Start Date for Meals: _____

Comments or Special Instructions:

Emergency Contact(Family Member,
Neighbour or Friend):

Name:

Phone Number(s): _____

Send Bill To:

Name: _____

Address: _____

Phone #: _____

According to the Rates Policy (054), I agree to pay the Town of Redcliff the rate of _____ per meal.

Client or Primary Caregiver: _____ (print name)

Client or Primary Caregiver: _____ (signature)

Community Services Director: _____

If more info needed or any questions, please call Community Services @ 548-3232.