



**Meals  
On  
Wheels**



## REGISTRATION FORM

### REGISTRANT INFORMATION

Client Name:

Delivery address:

City:

Province:

Postal Code:

Phone:

Date of birth:

Email Address:

Billing Address:

City:

Province:

Postal Code:

### EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

Relationship:

Address:

City:

Province:

Postal Code:

Telephone:

### HEALTH INFORMATION

Hearing: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Sight: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Mobility: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Mental Status:

Good \_\_\_\_\_ Forgetful \_\_\_\_\_ Confused \_\_\_\_\_ Alzheimer's \_\_\_\_\_

Additional Information (if required):

### DIETARY RESTRICTIONS OR REQUESTS (CHECK ALL THAT APPLY)

Regular meals

Require help setting up meals: Yes \_\_\_\_\_ No \_\_\_\_\_

Diabetic

Interested in Standing Orders: Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies:

### DELIVERY INSTRUCTIONS

Delivery instructions:

*By signing below, you agree to ensure your account balance is paid in full. Meals will not be ordered if your account status does not remain current.*

Signature of applicant:

Date

Signature of co-applicant, if required:

Date

FOR ADMINISTRATIVE PURPOSES:

Delivery Area: N1 N2 S1 S2