Meals On Wheels (Sudbury) Client Application

Date application received:	
Application taken by:	Application called in by:

CLIENT PERSONAL INFORMATION

First Name:	Last Name:
Address:	City:
Is Delivery Address the same as Mailing Address (add specifics):	Specific Directions to Home :
Apartment Number: Buzz#:	Apartment Name:
Postal Code:	Date of Birth:
Telephone #:	Alt. Phone #:
First Language:	Official Language(circle): EN FR
Health Card#	Email:

Would client like to receive updates and information from Meals On Wheels (Sudbury) via email?				
Client lives alone?	Yes	No	Name:	Relation:

Hearing:	Some Loss	Left Aided	Right Aided	Deaf	Normal	Doesn't Wear Aid
Mobility:	Wheelchair	Walker	Cane	Other	Normal	
Vision:	Some Loss	Right Sighted	Left Sighted	Blind	Glasses	Normal

In-Home Community Support Services?	Yes	No
Details (who? when? why?):		

EMERGENCY CONTACT INFORMATION

Name:	Relation	Home Phone	Work Phone	Cell Phone

Email:	
Would contact like to receive updates and information from Meals On Wheels (Sudbury) via email?	
CCAC Case Manager:	Telephone/Ext:

FOOD PREFERENCES AND ALLERGIES

Food Allergies?	Yes	No	Allergy: (Requires Documentation)		
Fish	Yes	No	Liver	Yes	No
Sugar Substitute Dessert	Yes	No	Beverage:		

SERVICE REQUESTED

Hot Meals			Frozen Meals		
Meal Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Start Date:			Cancel Date:		

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REASON FOR REQUEST

Senior	Physically Ill	Terminally Ill	Mentally Ill	Chronically Ill
Convalescent	New Mother	Caregiver		
Presenting factors (Why do they require MOW services?):				

REFERRAL SOURCE

CCAC	Pamphlets	Media	Social Services	Family	Friend
Presentations	Physician	Self	Hospital	Other:	
Details on referral:					

PAYMENT SOURCE

Self	Subsidy	Family/Friend	Address:

DVA	DVA#	DVA Contact:	Billing Address:
WSIB	WSIB#	WSIB Contact:	Billing Address:
PGT	PGT#	PGT Contact;	Billing Address:

AGREEMENT TO FOLLOW AGENCY PRACTICES

Bad Weather Practice	Yes	No
Circle of Care Practice	Yes	No
Cancellation Practice	Yes	No
Payment Policy (incl. statement about volunteers not accepting money or messages)	Yes	No
Privacy & Confidentiality (incl. statement about personal information shared only with necessary staff persons)	Yes	No

OTHER RELEVANT COMMENTS

Other: