



REFERRAL TO MEALS ON WHEELS

Ph. 604-732-7638

Health & Home Care Society of BC • 204-3077 Granville Street, Vancouver, BC. V6H 3J9 • www.carebc.ca

Fax completed form to completed form to 604-733-6698 or e-mail to wmow@carebc.ca

Office Use Only:	CIMS _____	Meals Created _____	Info Sent _____	Confirmed _____	Area _____
Confirmation & Consent to Service:	Service Times _____	Cancellation _____	Service Minimum _____	Tray Recycling _____	

Desired Start Date: _____ (Pls. allow for two business days before first delivery. Min order is 5 meals.)

Last Name _____ First Name _____

Mr / Mrs / Miss / Ms Birthdate _____/_____/_____ Phone _____
Month Day Year

Apt # _____ Street Address _____ City _____ Postal Code _____

Special Delivery Instructions: (e.g. Slow to door; hard of hearing; buzzer code; other helpful info for volunteer) Pets: _____
Kitchen: Fridge Freezer Stove Microwave

Emergency Contact #1: Name _____ Relation _____

Home Ph# _____ Work Ph# _____ Cell Ph# _____

Emergency Contact #2: Name _____ Relation _____

Home Ph# _____ Work Ph# _____ Cell Ph# _____

Case Manager/Other Contact(s) _____ Ph# _____

Family Doctor _____ Ph# _____

Living Arrangements: Alone Family Friend Spouse/Partner Other _____

Referred By _____ Relation _____ Ph# _____

Reason for Referral/Medical Concerns: _____

BILLING INFO:	Name _____	Relation _____	Ph# _____
Address:	_____		Postal Code _____

Western Meal Options:

HOT MEALS (\$6.50 incl. soup and dessert) Mon Tues Wed Thurs Fri

(Choose one option; available for Hot Meals only) Regular Soft Non-Red Meat

FROZEN MEALS (\$5.50) Mon Tues Wed Thurs Fri

FROZEN BREAKFAST (\$5.00) Mon Tues Wed Thurs Fri

SANDWICH PACKS* (\$3.25 incl. fresh fruit) Mon Tues Wed Thurs Fri

*available only in addition to a western meal order

Chinese Hot Meal: (\$6.75 incl. entrée, steamed rice and tonic soup; delivered by Chinese-speaking volunteers)

Mon Tues Wed Thurs Fri

Notes:

Routing:	Mon	Tues	Wed	Thurs	Fri
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