



REFERRAL TO MEALS ON WHEELS (North Shore)

North Shore Meals on Wheels (NS MOW) is operated by the Health & Home Care Society of BC (Care BC)
204-3077 Granville Street, Vancouver, BC. V6H 3J9 | www.carebc.ca

E-mail your completed form to nsmow@carebc.ca

www.carebc.ca/north-shore-mow
604-922-3414 | nsmow@carebc.ca

Office Use Only: CIMS _____ Meals Created _____ Info Sent _____ Confirmed _____ Area _____

Confirmation & Consent to Service: Service Times _____ Cancellation _____ Service Minimum _____ Tray Recycling _____

Requested start date: _____ (Allow 1 week for processing; we contact all potential clients before service begins to confirm the starting date at that time. The minimum trial amount 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 _____

REGULAR MEALS (\$9.75 incl. soup and dessert)

☐ Mon ☐ Wed ☐ Fri

(Choose one option)

Regular ☐

Non-Red Meat ☐

FROZEN MEALS (\$7.95)

☐ Mon ☐ Wed ☐ Fri

FROZEN BREAKFASTS (\$7.95)

☐ Mon ☐ Wed ☐ Fri

SANDWICH PACKS (\$6.50)*

☐ Mon ☐ Wed ☐ Fri

*available in addition to a regular or frozen meal order

Notes: _____

Office Use Only: Routing: Mon Wed Fri