



**REFERRAL TO MEALS ON WHEELS
(North Shore)**

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

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

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 (\$8.95 incl. soup and dessert) Mon Wed Fri

(Choose one option) Regular Non-Red Meat

FROZEN MEALS (\$7.25) Mon Wed Fri

FROZEN BREAKFASTS (\$7.25) Mon Wed Fri

SANDWICH PACKS (\$5.95)* Mon Wed Fri

*available in addition to a regular or frozen meal order

Notes: _____

Office Use Only: Routing: Mon _____ Wed _____ Fri _____