



REFERRAL TO MEALS ON WHEELS

Western: 604-732-7638 | wmow@carebc.ca

Chinese: 604-733-6615 | cmow@carebc.ca

Health & Home
CARE
Society of BC

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

Print and fax your completed form to 604-733-6698 or e-mail (see above)

Requested start date: _____ (Allow a minimum of 3 business days for new client application.
We will contact potential clients to confirm the start date before service begins.)

Last Name _____ First Name _____

Mr / Mrs / Miss / Ms Birthdate: M_____/D_____/Y_____ Phone _____

Apt # _____ Street Address _____ City _____ Postal Code _____

Type (Check one): House Townhouse Apartment Basement Other

Living Arrangements (Check one): Alone Family Friends Spouse/ Partner

Delivery Instructions: (e.g. Slow to door; hard of hearing; other helpful info for delivery)

Buzzer Code for Apt _____ Lock Box Code (If applicable) _____ Pets on Site (If applicable) _____

If client is a senior over 65 years old, you may skip this section

Reason for Referral/Medical Concerns _____

Referral Source _____ Relationship _____

Referral Contact Name _____ Referral Email _____

Emergency Contact # 1 _____ Relationship _____

Contact Number _____ Email Address _____

Emergency Contact # 2 _____ Relationship _____

Contact Number _____ Email Address _____

Case Manager (If applicable) _____

Contact Number _____ Email Address _____

Check the boxes for your preferred delivery days and indicate the quantity for each selection.

WESTERN MOW MEAL TYPE	MON	TUES	WED	THURS	FRI
Western Hot Entree (\$10.95 incl. soup) Check one: <input type="checkbox"/> Reg <input type="checkbox"/> NRM <input type="checkbox"/> Minced Reg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Western Frozen Meal (\$8.75)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Western Frozen Breakfast (\$8.75)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Western Sandwich (\$7.25 incl. soup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHINESE MOW MEAL TYPE	MON	TUES	WED	THURS	FRI
Chinese Hot Entree (\$11.25 incl. rice & soup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please send the monthly invoice via (check one): Mail Email

Billing Name _____ Relationship _____

Billing Contact Number _____ Billing Address or Email _____

Payment Method: Credit Card over the phone Cheque by mail E-transfer to payments@carebc.ca

Client Agreement

Meals on Wheels is run by Care BC, a not-for-profit organization, and relies on volunteers to sort and deliver the meals. I accept that there might be limitations and/or occasional mistakes with delivery.

Meals on Wheels does not operate on statutory holidays. I acknowledge that deliveries scheduled on these days will not be automatically rescheduled, and that I am responsible for contacting the office by phone or email in advance if I require a rescheduled delivery.

I understand that Meals on Wheels has the right to cancel deliveries in case of extreme weather.

I understand that all cancellations/meal changes must be made before 11 am on the **business day** before the delivery. Cancellations made within one business day are non-refundable.

I understand that Meals on Wheels may need to make last-minute changes due to unforeseen circumstances.

I understand that non-payment may result in suspension of deliveries. Invoices are issued monthly for the previous month's meals and are due by the end of the following month (e.g., January meals are invoiced in early February and due by the end of February).

Participant/Caregiver Signature _____ Date _____