Meals on Wheels Program Admission Form

Phone: 403-525-8885 | Email: MOW@UnisonAlberta.com

The Meals on Wheels Program requires 2 days' notice for any new sign ups.

Please keep in mind we deliver Monday through Friday between 9:30 am and 12 noon.

PERSONAL INFORMATION:	
First Name:	Last Name:
Gender:	Marital Status:
Home Phone:	Date of Birth:
Address:	Postal Code:
Email Address:	
Referred by:	☐ Self ☐ Family Member ☐ Friend ☐ Word-of-Mouth ☐ Community Agency ☐ Medical ☐ Legal/Lawyer ☐ Police ☐ Church ☐ Veiner Centre Program ☐ Media ☐ Website ☐ Other: _____
RESIDENCE INFORMATION:	
Building Name and Access Details:	
Driver Instructions:	
Pets in Home:	
PROGRAM ELIGIBILITY:	
Do you qualify for a subsidy? ☐ Yes ☐ No	Income Verified: $
Reason for Request: (please check all that apply)	☐ Mobility loss ☐ Age-related illness ☐ Recovery from surgery ☐ Disability ☐ Other:
HEALTH & DIETARY INFORMATION:	
Dietary Concerns or Allergies:	
Do you have a Disability? ☐ Yes ☐ No	If Yes, please list type of disability below:
☐ Physical ☐ Visual ☐ Hearing ☐ Intellectual ☐ Sensory ☐ Mental Illness ☐ Other:	

SERVICE DETAILS:		
Start Date:	End Date:	Meals Per Day:
When we are closed on Stat. holidays (Christmas Day, Thanksgiving, etc.) would you like us to send you a frozen meal on the day before instead? ☐ Yes ☐ No		
Delivery Schedule ~ Check all days below you would like to receive meals: (Cost: $10.00/meal)		

☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday

EMERGENCY CONTACT INFORMATION (REQUIRED):	
First Name:	Last Name:
Relationship:	Home Phone:
Cell Phone:	Email Address:
I agree that Veiner Centre Meals on Wheels program may contact the above person in the event of an emergency or other concerning situation, which shall be left to the judgement of the Meals on Wheels staff. _____ MOW Participant Signature _____ DATE	
BILLING INFORMATION:	
Send Invoice to: ☐ Customer OR ☐ Name & Adress listed below	
First Name:	Last Name:
Address:	Postal Code:
Phone Number:	Email Address:
ADDITIONAL INFORMATION:	
Citizenship Status: ☐ Canadian Citizen ☐ Permanent Resident ☐ Temporary Resident ☐ Visitor	
Born in Canada: ☐ Yes ☐ No	If no, # of years in Canada:
Race/Ethnicity:	
Preferred Language:	Interpreter Needed? ☐ Yes ☐ No

Pursuant to s. 33 (c) of the Freedom of Information and the Protection of Privacy Act, the personal information collected on this form is for the purpose of an operating program or activity of the Veiner Centre. The Veiner Centre must collect personal information directly from the individual that the information is about unless another method of collection is authorized by the individual or by an enactment of Alberta or Canada. The personal information provided will be protected under Part 2 of the Freedom of Information and the Protection of Privacy Act and will be used for admission to the Meals on Wheels program.

Please return this form by mail, in person, or via email to:

Unison at Veiner Centre
225 Woodman Avenue SE
Medicine Hat, AB T1A 3H2
MOW@UnisonAlberta.com
Ph. 403-525-8855

FOR OFFICE USE ONLY: Route: _____ Date: _____