



# Langley Meals on Wheels

20414 Douglas Crescent  
Langley, BC V3A 4B4  
604.533.1679  
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## New Client

### Contact Information

Name:

Address:

Buzzer #:

City:

Postal Code:

Primary #:

Secondary #:

Email Address:

### Personal Information

Birthdate:

I am a Veteran, my VAC # is:

I am diabetic

My daily meal allowance is:

I have a spouse/family that will receive meals on my account:

Emergency Contact:

Relationship:

Contact Number #1:

Contact Number #2:

Email Address:

### Meal Preferences

Meal Preparation:

Regular

Minced

Chopped

Pureed

Special Diets:

**HOT MEALS**

**SANDWICHES**

No Rice

No Potatoes

No Mayonnaise

No Vegetables

No Gravy

White Bread

If additional family member on account, please list meal preparation and any special diets below:

## Meal Plan & Delivery Schedule

- I will call weekly on Thursday, to place my order for the next week
- I will call 2 weekdays ahead when I want meals
- I would like to receive meals on the following weeks/days:

WEEK 1  Monday  Tuesday  Wednesday  Thursday  Friday

WEEK 2  Monday  Tuesday  Wednesday  Thursday  Friday

WEEK 3  Monday  Tuesday  Wednesday  Thursday  Friday

WEEK 4  Monday  Tuesday  Wednesday  Thursday  Friday

Please list the meals you would like to receive and which days they apply to:

**Meal choices include:** Hot Meal, Hot Meal w/Fruit\*\*, Sandwich w/Soup, Sandwich w/Fruit\*\*, Frozen Meal or Frozen Meal w/Fruit \*\*

**NOTE:** Hot & Frozen Meals come with a complimentary soup and dessert

**\*\* Only Diabetics can receive meals with fruit**

**Delivery Instructions: (include any special instructions for driver, and if there is a place to leave a meal if you are not home)**

**I would like to start receiving meals on:**

## Declaration

I will receive a new client package that includes a **Client Responsibility** and **Food Safety Waiver**, which I will sign (or I will get the client to sign) and return via the delivery driver.

I would like the invoice delivered via: **Driver** **Email** **Mail**

Billing Email Address:

Mailing Address:

(only enter if different from delivery address)

I am signing up the client on their behalf. My name is:

Contact me first to discuss inquiries or delivery issues. My contact number is:

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Client (or Representative) Signature

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Date Signed