



Langley Meals on Wheels

20955 Old Yale Road
Langley, BC V3A 7P8
604.533.1679
info@lmow.ca

New Client

Contact Information

Name:

Address:

Buzzer/Unit #:

City: Langley

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 Preparation

Meal Preparation:

Regular

Minced

Chopped

Pureed

If additional family member on account, please list meal preparation 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 (**only for diabetic clients**)
Sandwich w/Soup
Sandwich w/Fruit
Frozen Meal

NOTE: ALL choices include a complimentary soup and/or dessert (fruit if diabetic)
ABSOLUTELY NO SUBSTITUTIONS

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)

How did you hear about us?

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:

Client (or Representative) Signature

Date Signed