



New Client Intake Form

Contact Information

Name:		
Address:	Buzz #	Unit #:
City:	Postal Code:	
Primary #:		
Secondary #:		
Email:		

Delivery Instructions:

Include any special instructions for the volunteer driver and if there is a place to leave a meal if you are not home.

Personal Information

Birthdate:	
I am a Veteran, my Vac # is:	Daily meal allowance:
Diabetic (yes or no):	

Emergency Contacts

Emergency Contact #1	Emergency Contact #2
Name:	
Contact Number:	
Relationship:	
Email Address:	



Order Details

I would like to be on a weekly reoccurring meal plan for the following days;

Monday	Tuesday	Wednesday	Thursday	Friday

Or

I will call / email my orders before 1pm the previous business day

I will call / email my orders (please circle): weekly monthly

Meal type (Please circle)

Hot Meal

Sandwich w/ Soup (*indicate - white or brown bread*)

Sandwich w/ Fruit (*indicate - white or brown bread*)

Frozen Meal

I would like to receive frozen meals for stat holidays: yes no

Meal Prep Method: Regular Chopped Minced Pureed

I would like to start receiving meals on – Date:

Declaration

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

I would like the invoices to be delivered via: Driver Email Mail

Billing Email address: _____

Mailing Address (If different from delivery address):

Signature:

Date Signed:

I am signing up on behalf client

Name:

Signature:





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