


 403-327-7990
 403-320-2762
 www.lethseniors.com/mealsonwheels
 500 11 St. S Lethbridge AB T1J4G7

For Office Use Only:

Start Date: _____

Meal Cost: _____

Frequency: _____

Eligibility Checklist

Date: _____

Must live in the city of Lethbridge

And check one or both of the boxes below:

Are not able to prepare meals for yourself because of a disability, illness, or injury

Are not able to access a grocery store or meals in local Senior Centres

Demographic Information

Name: _____
(First) (Preferred) (Last)

Address: _____
(Building Name, Suite #, Street, Postal Code)

Phone Number: _____ Email Address: _____

DOB: _____ Marital Status: _____

Lives Alone: Yes No _____
(Other Household Members)

Financial Information - NOA/Line 15000: _____

Health Information (ie. diagnosis, physical limitations, developmental challenges, other concerns)

Receiving AHS Home Care Services: Yes No _____
(Name of Home Care Nurse)

Emergency Contact Information





1. Name: _____ Relationship: _____

Phone #: _____ Lives Local: Yes No Has Key to Home: Yes No

2. Name: _____ Relationship: _____

Phone #: _____ Lives Local: Yes No Has Key to Home: Yes No



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Food Preferences

Gluten Free? Yes No
 Diabetic? Yes No
 Lactose Intolerant? Yes No

Religious Requirements?: _____

Please check if you require meals
 Pureed
 Minced
 Cut into bite sized pieces

Will you eat?

Liver? Yes No

Fish? Yes No

Food Allergies: _____

Delivery Instructions: Where we can leave your meal if there is no answer at the door and/or any special delivery instructions to aid the volunteer.

Additional Notes (if any): _____

Invoice Details: (Please Check appropriate boxes)

Preferred method to receive invoice: Mail Email Delivered With Meals

Preferred payment method: Credit Card on file or via telephone Etransfer At LSCO by credit card, debit, cash, or cheque Cash/Cheque to volunteer MOW driver

Credit Card Info to keep on file (If preferred):

Mastercard/visa # _____ Exp _____ CVV _____

Referred by:

Self
 Family
 SSN Program
 ICA Partners
 Other Community Agency: _____

City of Lethbridge Funding Questions:

If you feel comfortable answering these questions, please check the boxes below.

At risk of homelessness
 Identify as Indigenous
 Identify as an immigrant or refugee