LSCO MOW Meals on Wheels

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): _____

_____

Meal Start Date _____

*we require 3 business days notice

Meal Frequency _____

How often would you like to receive meals?

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