

# Information for clients starting Meals on Wheels



## SECTION 1 CLIENT INFORMATION

Start date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Surname \_\_\_\_\_ First name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Phone no. \_\_\_\_\_ Mobile no. \_\_\_\_\_

Delivery details (e.g. front door) \_\_\_\_\_

Dietary requirements \_\_\_\_\_

Number of meals per week (minimum 2) \_\_\_\_  Mon  Tue  Wed  Thu  Fri

Number of frozen meals for the weekend (if required) \_\_\_\_ Size of meal(s)  Sml  Med  Lg

## SECTION 2 ALTERNATIVE CONTACT

Surname \_\_\_\_\_ First name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Phone no. \_\_\_\_\_ Mobile no. \_\_\_\_\_

Relationship to client \_\_\_\_\_

## SECTION 3 TO BE COMPLETED IF PAYER IS NOT THE CLIENT

Payer name (if not client) \_\_\_\_\_

Address (to post account to) \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Phone no. \_\_\_\_\_