



MEALS ON WHEELS REGISTRATION FORM

Date of Application: _____

APPLICANT'S INFORMATION

Name: _____
Last First Middle

Address: _____
Apt. Number Street Name

Buzzer Number Access Code

City Postal Code

Telephone: _____

Email address: _____

Date of Birth: _____

Meal Recipients must provide at least one emergency contact to receive meals:

FIRST EMERGENCY CONTACT	SECOND EMERGENCY CONTACT
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Address:	Address:



MEALS

Date to start meal delivery: _____

Please check days needing meals delivered:

Monday Tuesday Wednesday Thursday Friday

Monday through Friday:

Do you need a special second meal (*to be used for evening or weekend?*)

Yes No

Number of additional meals requested: _____

Special Delivery Instructions (*for example: entry codes to access building*):

Are there any allergies or special dietary restrictions? Yes No

If yes, please specify: _____

EMAIL or FAX completed form to:

Meals on Wheels
allak@betelcentre.org
Fax: 416-225-2097

Bernard Betel Centre for Creative Living
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