

GREATER LA JOLLA MEALS-ON-WHEELS
MEALS-ON-WHEELS APPLICATION

Today's Date: _____

Requested date to start service: _____

Name: _____

Estimated duration of service: _____

Address: _____

Does anyone live with you? yes no

If yes, name: _____

Phone: _____

Type of drink required: Milk
 Juice
 Water

Home or Apartment

How did you hear about us:

Date of Birth: _____ Sex: _____

Emergency Contact Information

Physician Information

Name of Emergency Contact

Name: _____

Address of Emergency Contact

Address: _____

Phone number of Emergency Contact

Phone: _____

Relationship to you

Health problems and reason for requesting
Meals on Wheels
service: _____

APPLICATION/AGREEMENT STATEMENT

1. I would like to apply for Meals-on-Wheels. I understand that the cost will be \$7.50 per day for one hot meal and one cold meal;
2. The meals will be delivered to my door on a daily basis - Monday through Friday, including holidays;
3. I will give at least 2 days' notice if I wish to cancel the Meals-on-Wheels program;
4. Except in the case of medical emergencies, if I need delivery stopped for one day, I will call the office at least 24 hours in advance.

Dated: _____

Applicant's signature