DUNDAS
COMMUNITY SERVICES

Client Registration Form
Meals on Wheels Program

Date Taken: _____

Start Date: _____

How did you learn about our Meals on Wheels Program?

_____

Mr. _____ *Mrs.* _____ *Ms.* _____ *Miss.* _____ Date of Birth: _____

First Name: _____ **Last Name**: _____

Phone #: _____ Cell #: _____

Address: _____ Postal Code: _____

City: _____ Email: _____

Location Details/Which entrance should volunteers use?: _____

_____

Are you a Veteran? Y____/N____ If yes, please provide your Veterans Affairs # _____

Do you live alone? Y____/N____ With Whom? _____

Meal Details: ***MON*** _____ ***TUES*** _____ ***WED*** _____ ***THURS*** _____ ***FRI*** _____

Extra meals for the weekend? ***SAT*** _____ ***SUN*** _____ (Receive 2 meals on Thursday & 2 meals on Friday)

Type of meal: *Regular* _____ *Diabetic* _____ *Gluten Free* _____ Allergies or food aversions? _____

_____

Any problems chewing or swallowing? Y____/N____ If yes, please select one of the options below:

Chopped _____ *Minced* _____ *Pureed* _____ *Dental Soft* _____

Send invoice to: Client? Y____/N____ OR … Send to Third Party? Y____/N____

Name: _____ Relationship: _____

Address: _____ Postal Code: _____

City: _____ Email: _____

Emergency Contact #1: _____ Relationship: _____

Phone #: _____ Cell #: _____ Work #: _____

Email or Address: _____

Emergency Contact #2: _____ Relationship: _____

Phone #: _____ Cell #: _____ Work #: _____

Email or Address: _____

Clients Medical Information: OHIP #: _____

General Physician's Name: _____

Phone #: _____ Address: _____

Are there any medical/health issues we should be aware of? Or has the client been hospitalized in the last few months? (heart/hearing/mobility) Y____/N____ If yes, please specify: _____

_____

Does the currently receive services from the CCAC? Y____/N____ If yes, which & how often? _____

_____

Does the client receive any other home support services? (VON, PSW, Life-Line etc.) Y____/N____ If yes, ___

_____

Is the client already connected with one of Dundas Community Services programs? Y____/N____

If yes, please identify which Program: _____

If no, would the client be interested in learning about our other programs? Please specify: _____

_____

Meals were ordered by: _____

Is the client aware meals are being ordered on their behalf? Y____/N____ (Clients must be agreeable)

Form Completed By: _____ Date: _____

Updated: October 5th, 2017