

**1588 Main Street**

**Winnipeg, Manitoba**

**R2V 1Y3**

**Ph: (204) 339-1701**

**Fax: (204) 334-3779**

[**www.gwensecter.com**](http://www.gwensecter.com)

[**info@gwensecter.com**](mailto:info@gwensecter.com)

**Application for Kosher Meals On Wheels Service**

**Section 1: Client Information**

|  |  |  |  |
| --- | --- | --- | --- |
| ( ) Mr. ( ) Mrs.  ( ) Ms. ( ) Miss | First Name: | | Last Name: |
| Address (include postal code): | | | |
| Phone:  Email Address: | | DOB:\_\_\_\_\_Day\_\_\_\_\_\_\_Month\_\_\_\_\_Year | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2:**  **Referred By:** | ( ) Self | | ( ) Family | | ( )Friend | | ( )Other |
| **Referral Reason:** | | ( ) Aging  ( ) Mobility Issues | | ( ) Cognitive Issues  ( ) Illness | | ( ) Recent Hospital Discharge | |

**Section 3: Referring Agency Information**

|  |  |
| --- | --- |
| Agency Name: | Address (include postal code): |
| Agency Contact Name: | Phone: |
| **Email (Required):** | |
| Agency Authorization/Case Number: | |

**Section 4: Primary Contact Information / Emergency Contact (if not the client)**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: | | Last Name: | |
| Relationship to client: | | Address (include postal code): | |
| Phone H: | Phone W: | | Cell: |
| Is contact aware that they are the primary contact? ( ) Yes ( ) No | | | |

**Section 5: Secondary Emergency Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: | | Last Name: | |
| Relationship to client: | | | |
| Phone H: | Phone W: | | Cell: |
| Is contact aware that they are the secondary contact? ( ) Yes ( ) No | | | |

|  |  |
| --- | --- |
| **Home Care Contact:** | First Name: Last Name: |
| Phone #: | Frequency and time of visits: |

**Section 6: Diet Information**

|  |
| --- |
| Dietary Restrictions: |
| Food Allergies: |

**Section 7: Delivery Schedule**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Day: | T | W | Thu | Fri |
| Full Meal (Protein/Vegetable/Starch/Soup/Dessert) |  |  |  |  |
| XL Full Meal |  |  |  |  |
| Supper Bag (Sandwich, Juice, Fruit) |  |  |  |  |
| Soup, bun, dessert |  |  |  |  |
| Soup add on to any of the above |  |  |  |  |

\*Minimum requirement of 2 deliveries per week

**Section 8: Delivery Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Buzzer Code: | Lock Box Code: | Front Door | Back Door |
| Pets | Poor hearing | Poor vision | Poor mobility |
| If not home: | Leave at door | Leave with caretaker | Leave with neighbour |

**Section 9: Billing Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Bill To:** | ( ) Client | | ( ) Agency | | ( ) Primary Contact | | |
| **Other if not listed above:** | | | | | | | |
| First Name: | | | Last Name: | | | | |
| Relationship to client: | | | Address (include postal code): | | | | |
| Phone H: | | Phone W: | | | | Cell: | |
| Mode of Payment | | Credit Card | | | | Cheque | |
| Visa Card No. | | | | Expiry Date | | | CVV |
| Mastercard No. | | | | Expiry Date | | | CVV |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Is everyone in the home vaccinated for COVID-19? ( ) YES ( ) NO

**Section 11: Office Use Only**

|  |  |
| --- | --- |
| **Route Assignment:** | **Route Sequence:** |
| **Start Date:** | |
| **Policies Reviewed: ( )Delivery Time ( )Billing ( ) Cancellation**  **( )Non-refundable deposit $25**  **$10 administration fee**  **$15 will be applied to your first billing period** | |