



# Langley Meals on Wheels

2900 272<sup>nd</sup> Street  
Aldergrove, BC  
V4W 3R4  
604.533.1679  
info@lmow.ca

## New Client

### Contact Information

Name:

Address:

Buzzer/Unit #:

City: Langley

Postal Code:

Primary #:

Secondary #:

Email Address:

### Personal Information

Birthdate:

I am a Veteran, my VAC # is:

I am diabetic

My daily meal allowance is:

I have a spouse/family that will receive meals on my account:

Emergency Contact:

Relationship:

Contact Number #1:

Contact Number #2:

Email Address:

### Meal Preparation

Meal Preparation:

Regular

Minced

Chopped

Pureed

If additional family member on account, please list meal preparation below:

## Meal Plan & Delivery Schedule

- I will call weekly on Thursday, to place my order for the next week
- I will call 2 weekdays ahead when I want meals
- Weekend Frozen Meals (delivered Fridays)      Saturday  Sunday
- I would like to receive meals on the following weeks/days:

WEEK 1  Monday  Tuesday  Wednesday  Thursday  Friday

WEEK 2  Monday  Tuesday  Wednesday  Thursday  Friday

WEEK 3  Monday  Tuesday  Wednesday  Thursday  Friday

WEEK 4  Monday  Tuesday  Wednesday  Thursday  Friday

Please list the meals you would like to receive and which days they apply to:

**Meal choices include**      Hot Meal,  
Hot Meal w/Fruit (**only for diabetic clients**)  
**Circle**                      Sandwich w/Soup  
**choice(s)**                Sandwich w/Fruit  
Frozen Meal

**NOTE: ALL** choices include a complimentary soup and/or dessert (fruit if diabetic)  
**ABSOLUTELY NO SUBSTITUTIONS**

**Delivery Instructions: (include any special instructions for driver, and if there is a place to leave a meal if you are not home)**

**I would like to start receiving meals on:**

## Declaration

I will receive a new client package that includes a **Client Responsibility** and **Food Safety Waiver**, which I will sign (or I will get the client to sign) and return via the delivery driver.

I would like the invoice delivered via:       **Driver**       **Email**       **Mail**

Billing Email Address:

Mailing Address:

(only enter if different from delivery address)

I am signing up the client on their behalf. My name is:

Contact me first to discuss inquiries or delivery issues. My contact number is:

How did you hear about us?

Client (or Representative) Signature

Date Signed