



**New Client Intake Form**

**Contact Information**

<b>Name:</b>			
<b>Address:</b>		<b>Buzz #</b>	<b>Unit #:</b>
<b>City:</b>		<b>Postal Code:</b>	
<b>Primary #:</b>			
<b>Secondary #:</b>			

**Personal Information**

<b>Birthdate:</b>	
<b>I am a Veteran, my Vac # is:</b>	<b>Daily meal allowance:</b>
<b>Diabetic ( yes or no ):</b>	
<b>Family Members on Account:</b>	

**Emergency Contacts**

<b>Emergency Contact #1</b>	<b>Emergency Contact #2</b>
<b>Name:</b>	
<b>Contact Number:</b>	
<b>Relationship:</b>	
<b>Email Address:</b>	

**Meal Preferences**

<b>Meal Prep:</b>	<b>Regular</b>	<b>Minced</b>	<b>Chopped</b>	<b>Pureed</b>
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### Order and Delivery Details

I would like to receive my meals on the following weeks/days:

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1:					
Week 2:					
Week 3:					
Week 4:					

Freezer Meal Program (Delivered Fridays)	Check what day(s) you'd like a freezer meal for
Saturdays	
Sundays	
Holiday Meals	

	Initials
I will call before 1pm to place my order for the next business day	
I will call my orders in monthly or weekly ( <i>Please circle option</i> )	

**Please Note:** ALL choices include a complimentary soup and/or dessert (fruit if diabetic).  
Frozen meals include a complimentary soup only. **ABSOLUTELY NO SUBSTITUTIONS.**

Meal Type	Choice
Hot Meal	
Sandwich w/ Soup ( <i>indicate white or brown bread</i> )	
Sandwich w/ Fruit ( <i>indicate white or brown bread</i> )	
Frozen Meal	

### Delivery Instructions:

Include any special instructions for the volunteer driver and if there is a place to leave a meal if you are not home.

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**Declarations:**

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 to start receiving meals on	<b>Date:</b>		
I would like the invoice delivered by... ( check one )	<b>Driver</b>	<b>Email</b>	<b>Mail</b>

<b>Billing Email Address:</b>	
<b>Mailing Address: (if different from delivery address)</b>	

**Representative Information (if signing on behalf of client)**

I am signing up the client on their behalf. Contact me first to discuss inquiries or delivery issues.

<b>Name:</b>	<b>Contact Number:</b>

**Signature**

<b>Client (or Representative):</b>	<b>Date Signed:</b>

<b>How did you hear about us?</b>