



PINCHER CREEK FOUNDATION – Crestview Lodge

MEALS ON WHEELS – APPLICATION FOR SERVICE

Form must be filled out completely prior to commencement of the service

REFERRAL SOURCE NAME/POSITION: _____

CLIENT NAME : _____

DATE OF BIRTH: _____

BILLING ADDRESS: _____

RESIDENTIAL ADDRESS: _____

POSTAL CODE: _____ PHONE: _____

FIRST CONTACT: _____

ADDRESS: _____ PHONE: _____

SECOND CONTACT: _____

ADDRESS: _____ PHONE: _____

SPECIAL DIET: _____

ALLERGIES: _____

DISLIKES/OTHER DIET INFORMATION: _____

DAYS MEALS REQUIRED: _____

DATE MEALS TO START: _____

- **Please advise us of any changes to the above information.
Call 403-627-3833 ext. 4 Kitchen, Crestview Lodge, Pincher Creek**
 - **You will be billed for all delivered meals unless you provide prior notification to cancel meals.**
 - **Monthly billing statements unpaid after 30 days; your meal service will be cancelled until your bill is paid in full.**
- Copy of form provided to new clients