



THE TOWN OF PEACE RIVER
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PEACE RIVER MEALS ON WHEELS APPLICATION FORM

Client Name: _____

Last

First

Initial

Street _____ Apt _____

Phone _____ Fax _____

Gender _____ Marital Status _____

Direction to Clients (please include cross street)

Is there a pet in home? _____

Will the client need help with meal? _____

Does the client speak English? _____

Does the client have access to the refrigerator? _____

Will client have difficulty answering the door? Y/N

If yes specify nature of problem and how volunteer will enter clients home:

Emergency Contacts (local residents who can check on client in as emergency. **NOT LIVING IN SAME RESIDENCE** (Day Time Phone Required)

Emergency Person

Has key to the client home? **Y/N**

Name _____ Relationship _____

Address _____ Apt _____

City _____ Postal Code _____

Phone (Home _____ Cell _____

Does client live alone? **Y / N**

If no specify names and relationships of other person in household:

Why is above listed person unable to cook meals for clients? _____

Service Eligibility (please comment as to why client is homebound unable to shop or cook)

Why does client need service? _____

How did you hear about Meals on Wheels? _____

Medical Problems _____

Food Allergies _____

Client Status (specify one-good, adequate, partial, none)

Vision _____ Glasses **Y / N**

Hearing _____ Hearing Aide **Y / N**

Mobility Status _____

Mobility Assistance – Cane, Walker, Wheelchair

Supportive Services

Other Needs

Other agency helping _____ Phone _____

(i.e. personal care, housekeeping etc)

Person responsible for fee:

Name: _____

Address _____ Apt _____

City _____ Postal Code _____

Phone (home) _____ Cell _____ -

Payee: Yes No

Who should we contact to discuss fee and date service can start?

Name: _____ Phone _____

Referral information

Referred by: _____ Position _____

Name of Agency _____

Phone: _____ Date & Service Requested _____

Client Signature _____ Date _____

Person responsible for fee signature _____ Date _____