

## SECTION 1: CLIENT INFORMATION

Full Name:		Age:	
Service Address:			
Location <i>(select one)</i> : <input type="checkbox"/> Cold Lake North <input type="checkbox"/> Cold Lake South <input type="checkbox"/> M.D. of Bonnyville No. 87			
Mailing Address (if different from above):			
Phone Number:		Alternative Number:	
Email:			
Residence Type: <input type="checkbox"/> House <input type="checkbox"/> Basement Suite <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home			
Do you utilize any of the following? <input type="checkbox"/> Mobility Aid <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Visual Aid			
Do you own a pet? <i>(Please Select)</i> <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____			
How did you hear about Meals on Wheels? <input type="checkbox"/> Print Media <input type="checkbox"/> Radio <input type="checkbox"/> Internet <input type="checkbox"/> Family/Friend <input type="checkbox"/> Social Media <input type="checkbox"/> Other: _____			

## SECTION 2: DIETARY INFORMATION

Do you have any food allergies? If yes, please describe:

  
  
  
  
  
  
  
  
  
  

Do you have any dietary requirements? If yes, please describe:

  
  
  
  
  
  
  
  
  
  

Please select what you would like with your meal:       Soup       Dessert       None

## SECTION 3: DELIVERY INFORMATION

What days do you want meals delivered?       Monday       Tuesday       Wednesday       Thursday       Friday

***Please note there are no deliveries offered on weekends or statutory holidays***

Desired delivery start date:

Delivery Instructions:

5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email ([legislative@coldlake.com](mailto:legislative@coldlake.com)) or phone (780) 594-4494 ext. 7915.

SECTION 4: EMERGENCY CONTACT	
Full Name:	Relationship to Client:
Mailing Address:	
Physical Address (if different from above):	
Phone No.:	Email:
Does the emergency contact have access to the Client's residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 5: FINANCIAL RESPONSIBILITY	
I understand there is a fee for Meals on Wheels, and I am responsible for payment for the meal service. I understand that if my account is not kept current and in good standing, the City of Cold Lake care of Cold Lake and District FCSS may, upon notification to the Client, discontinue my meal service.	
Client or Billing Party Name (please print):	
Mailing Address (where the invoice will be sent):	
Client or Billing Party Signature:	Date:

OFFICE USE ONLY	
Received By:	Date Received:
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	FCSS Manager Signature:
Start Date:	Cancellation Date:

**Submit completed form to:**  
**Cold Lake and District FCSS**  
**5220 54 Avenue**  
**Cold Lake, Alberta T9M 1W2**  
**Phone: (780)-594-4495 Fax: (780)-594-1157**  
**Email: [FCSS@coldlake.com](mailto:FCSS@coldlake.com)**



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