Meals on Wheels WINNIPEG
Feeding Independent Living™

174 Hargrave Street
Winnipeg, Manitoba
R3C 3N2
www.mealswinnipeg.com

Ph: (204) 956-7711
Fax: (204) 956-7722

info@mealswinnipeg.com

Application for Service

Section 1: Client Information

( ) Mr. ( ) Mrs. ( ) Ms. ( ) Miss	First:	Last:
Address (include postal code):		
Phone:	DOB:______Day________Month_____Year	
# People in home:	Related client receiving meals:	

Section 2:

Referred By: ( ) Self ( ) Family ( )Friend ( )Other

Referral Reason: ( ) Aging ( ) Mobility Issues ( ) Cognitive Issues ( ) Illness ( ) Recent Hospital Discharge

Section 3: Referring Agency Information

Agency Name:	Address (include postal code):
Agency Contact Name:	Phone:
Email (Required):	
Agency Authorization/Case Number:	

Section 4: Primary Contact Information

First Name:	Last Name:	
Relationship to client:	Address (include postal code):	
Phone H:	Phone W:	Cell:
Is contact aware that they are the primary contact? ( ) Yes ( ) No		

Section 5: Secondary Contacts:

First Name:	Last Name:	
Relationship to client:		
Phone H:	Phone W:	Cell:
Is contact aware that they are the secondary contact? ( ) Yes ( ) No		

Home Care Contact:	First Name:	Last Name:
Phone #:	Frequency and time of visits:	

Section 6: Billing Information

Bill To:	( ) Client	( ) Agency	( ) Primary Contact
Other if not listed above:			
First Name:		Last Name:	
Relationship to client:		Address (include postal code):	
Phone H:		Phone W:	Cell:

The initial payment of a $25.00 set up fee and pre-purchase of 10 meals can be made by credit card. Invoices are issued during the first week of the month, payments can be made by cash, cheque, money order of pre-authorized debit (form attached). Credit card payments for invoices are not accepted.

Section 7: Diet Information

Type of Diet:
Food Allergies:
Food Dislikes/Intolerances:

Section 8: Meal Service Pattern ***(Weekend service is not available in all areas)***

Minimum of 2 Hot Meals or 1 Frozen Meal Pack Per Week (frozen meal packs are not available in some areas)

Day:	**M**	**T**	**W**	**Thu**	**Fri**	**Sat**	**Sun**
Hot Meal							
Large Portion Hot Meal *Available in limited areas*							
Cold Bag Supper							
Frozen Meal Package (5 entrees)							

Section 8: Delivery Information

Buzzer Code:		Lock Box Code:	Front Door	Back Door
Pets		Poor hearing	Poor vision	Poor mobility
If not home:	Leave at door	Leave with caretaker	Return meal to facility	Notify contact

Section 10: Meal Service Information

(   ) Cancel service after 10 meals

(   ) Continue service until MOW notified

Section 11: Office Use Only

Route Assignment:	**Route Sequence:**
Start Date:	
Policies Reviewed: ( )10 Meal Minimum ( )Delivery Time ( )Billing ( ) Cancellation	

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APPLICATION FOR OR CHANGE TO

PAD (PRE-AUTHORIZED DEBIT)

I/we authorize Meals on Wheels of Winnipeg Inc. to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Meals on Wheels account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 7th day of each month. Meals on Wheels of Winnipeg Inc. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Meals on Wheels of Winnipeg Inc. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/we have certain recourse rights if any debit does not comply with this agreement. For more information on how to dispute a PAD that does not comply with this agreement, to obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

WAIVER OF PRE-NOTIFICATION

I hereby waive my right to pre-notification of upcoming Pre-Authorized Debits authorized by this form. I understand that Meals on Wheels releases client statement of accounts by the third business day in a month, and the total amount of any upcoming PAD can be obtained, by phone, during Meals on Wheels' regular business hours after the third business day of the month.

ADDITIONAL SERVICE CHARGES

Additional charges will be incurred for the following and will appear on the following month's invoice: Returned

payment transaction - $1.50

Recalled payment by payee per payment - $11.50

Representment fee - this fee is incurred if there are "Non-sufficient Funds" or "Funds Not Cleared" on the 7th of the month, the debit will automatically recur after 5 business days - $1.50

I/we authorize Meals on Wheels of Winnipeg Inc. to charge additional service charges for the above noted transactions. These deductions are per my/our instructions for one-time payments from time to time, for payment of all charges arising under my/our Meals on Wheels account(s).

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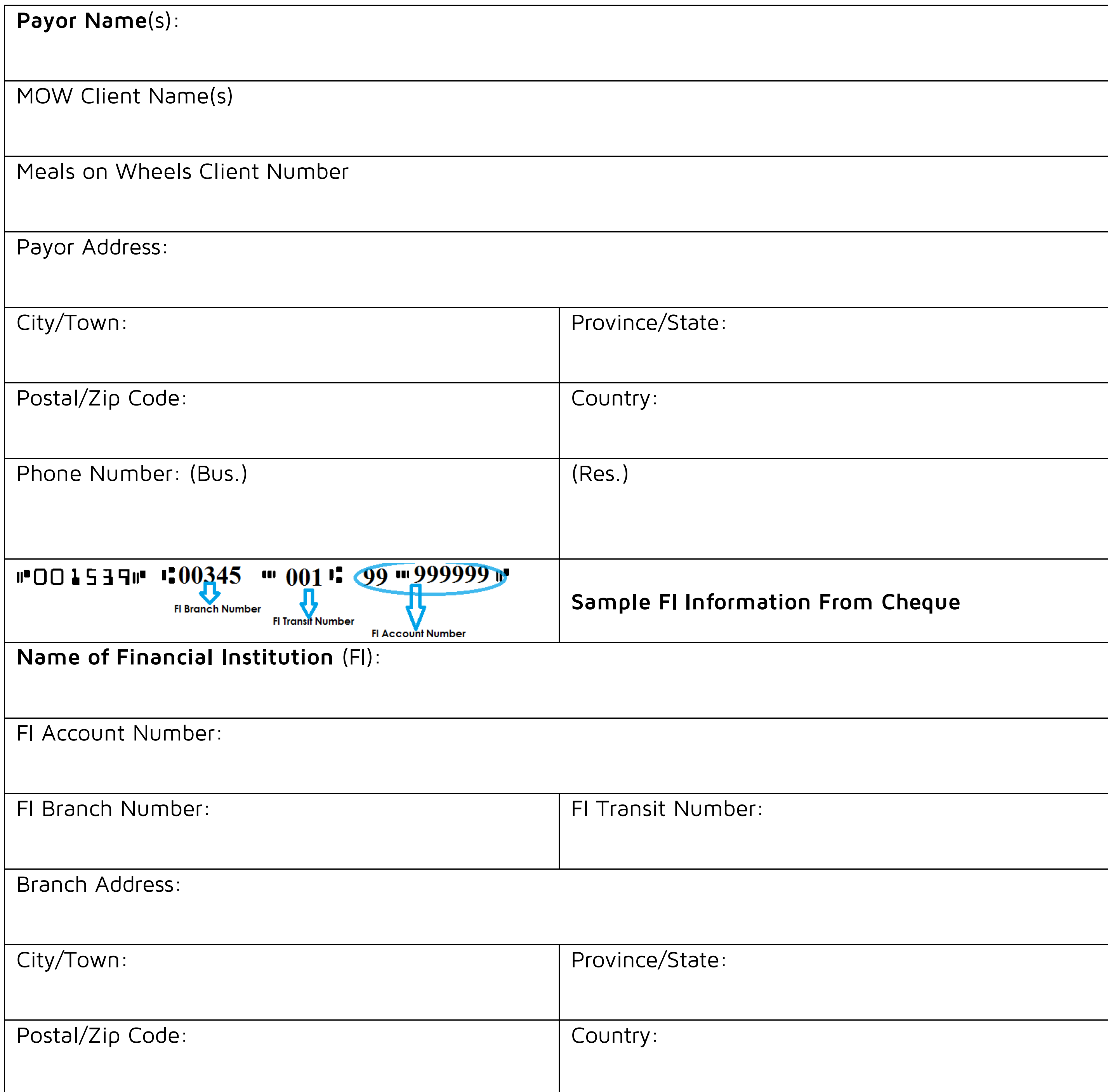
PLEASE PRINT

DATE: Month__________**Day**_____________**Year**____________



Payor Name(s):	
MOW Client Name(s)	
Meals on Wheels Client Number	
Payor Address:	
City/Town:	Province/State:
Postal/Zip Code:	Country:
Phone Number: (Bus.)	(Res.)
0015391 00345 001 99 999999	**Sample FI Information From Cheque**
Name of Financial Institution (FI):	
FI Account Number:	
FI Branch Number:	FI Transit Number:
Branch Address:	
City/Town:	Province/State:
Postal/Zip Code:	Country:

Authorized Signature(s):

____

ATTACH A VOID CHEQUE TO THIS FORM WHEN COMPLETED AND MAIL TO:MEALS ON WHEELS OF WINNIPEG, 174 HARGRAVE STREET, WINNIPEG MANITOBA R3C 3N2.