



# MEALS ON WHEELS REGISTRATION FORM

Date of Application: \_\_\_\_\_

## APPLICANT'S INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Apt. Number Street Name

\_\_\_\_\_  
Buzzer Number Access Code

\_\_\_\_\_  
City Postal Code

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Meal Recipients must provide at least one emergency contact to receive meals:**

FIRST EMERGENCY CONTACT	SECOND EMERGENCY CONTACT
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Address:	Address:



## MEALS

Date to start meal delivery: \_\_\_\_\_

Please check days needing meals delivered:

Monday  Tuesday  Wednesday  Thursday  Friday

Monday through Friday:

Do you need a special second meal (*to be used for evening or weekend?*)

Yes  No

Number of additional meals requested: \_\_\_\_\_

Special Delivery Instructions (*for example: entry codes to access building*):

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Are there any allergies or special dietary restrictions?  Yes  No

If yes, please specify: \_\_\_\_\_

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**EMAIL or FAX completed form to:**

**Olga Yudenko**  
**Coordinator, Meals on Wheels**

olgay@betelcentre.org

Fax: 416-225-2097

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