

REFERRAL TO MEALS ON WHEELS (Western or Chinese)

Western: 604-732-7638 | wmow@carebc.ca Chinese: 604-733-6615 | cmow@carebc.ca

Health & Home Care Society of BC • 204-3077 Granville Street, Vancouver, BC. V6H 3J9 • www.carebc.ca Print and fax your completed form to 604-733-6698 or e-mail (see above)

Office Use Only:	CIMS	Meals Created	Info Sent	nfo Sent Confi		Area	
Confirmation & Cons	on & Consent to Service: Service Times Cancellation _			Service Minimum _		Tray Recycling	
		(Allow a minims the starting date at the					otential
ast Name			First Name	<u> </u>			
☐ Mr / ☐ Mrs / ☐	Miss / \square Ms	Birthdate/_					
\pt # Stree	t Address	Month	Day Year		ty P	ostal Code	
Special Delivery Inst	ructions: (e.g. S	low to door; hard of hearing	g; buzzer code; otł	ner helpful inf	o for volunteer) Pets:	
			Kitche	en: Fridge 🗆	Freezer 🗆	Stove Mici	rowave \square
Emergency Contact #1: Name					Relation		
Home Ph# Work Ph#					Cell Ph#		
Emergency Contact #2: Name					Relation		
Home Ph# Work Ph#					Cell Ph#		
Case Manager/Other Contact(s)							
Family Doctor					Ph#		
		☐ Family ☐ Friend [
Referred By Relation							
		ncerns:					
BILLING INFO: Name							
	. Hame					Code	
Western Meal Opt							
•		oup and dessert)	☐ Mon	☐ Tues	□ Wed	☐ Thurs	□ Fri
(Choose one option; available for Hot Meals only)						Non-Red	
FROZEN MEALS (\$6.25)			☐ Mon	\square Tues	\square Wed	☐ Thurs	□ Fri
FROZEN BREAKFAST (\$5.75)			☐ Mon	☐ Tues	\square Wed	☐ Thurs	☐ Fri
SANDWICH PACKS* (\$4.50 incl. fresh fruit)			☐ Mon	☐ Tues	\square Wed	☐ Thurs	☐ Fri
	•	a western meal order					
Chinese Hot Meal:	(\$8.00 incl. ent	trée, steamed rice and to	• •	•		·	
			☐ Mon	☐ Tues	□ Wed	☐ Thurs	☐ Fri
Notes:							
Routing: Mon	on Tues W		<u> </u>	Thurs		 Fri	
Nouthly. Will		1463	VVCU	inuis	,	111	