Meals on Wheels Application

Date:

Completed by:

Mohawk Council of Akwesasne

First Name:	Last Name:
Home Address:	District: ☐Tsi Snaihne ☐Kanatakon ☐Kawehnoke
Contact Number: ☐Home ☐Cell	Date of Birth:
Delivery Instructions (Front, back, side door, ring bell, knock and enter, etc.):	
Any Pets? Please specify:	Person Requesting Service: ☐Self ☐Other:
Client must meet one of the following criteria (Please select all that apply): ☐Be a homebound person. ☐Have impaired mobility and/or incapacitated due to accident, illness, or frailty. ☐Lack of support from family members or neighbours. ☐Unable to prepare meals because of lack of facilities such as refrigeration, stove, etc. ☐Inability to shop and cook for self. ☐Inability to safely prepare meals or lack of knowledge and skills.	
Any other important information that we should know about/consider?	
What type of service are you looking for? ☐Temporary (1-4 weeks) ☐Long term (4+ weeks):	
Do you receive support from other programs, e.g., Home & Community Care? ☐Yes ☐No If yes, which services do you receive:	
Do you have a vehicle and a valid driver's license? ☐Yes ☐No	Do you have difficulty leaving your home without assistance? ☐Yes ☐No
Do you live alone? ☐Yes ☐No :	
Do you have the necessary tools to prepare meals at home? ☐ Refrigerator ☐ Stove ☐ Microwave ☐Other:	
Other health considerations:	
Do we have your permission to share your personal health information with other agencies involved in the circle of care? ☐Yes ☐No	
Food Allergies	
Any Food Allergies: ☐No ☐Yes (Please specify):	

Emergency Contact Information	
Primary Contact Name: Relationship: Address: Phone Number: Legally Appointed POA/Guardian: ☐Yes ☐No	Secondary Contact Name: Relationship: Address: Phone Number:

CLIENT RESPONSIBILITIES:

- Client is responsible for the safe storage of meals once the meal(s) have been delivered by the Meals on Wheels representative.
- Client is responsible for informing the Meals on Wheels program if they will not be at home during their designated drop off time.
- Client must be home during delivery: Meals must be handed to the client; meals will not be left if the client is not home.
- Client is responsible for ensuring that their pet(s) are tied up so that the Meals on Wheels representative can safely deliver the meal(s). If the Meals on Wheels representative feels unsafe, they have the right to refuse delivery.

Client Name (print):	
Client Signature:	**Date**:
***If the client is unable to sign; name of the Substitute Decision Maker:**	
Name:	**Relationship:**
Signature:	**Date:**