

MEAL SERVICES APPLICATION

Meal Type:

PP-MOW \$9.00: ____ KANE CUISINE \$11.00: ____ 10 DAYS MOW: ____ FUNDED MOW: ____

CLIENT INFORMATION

Date: _____ Client Name: Mr./Mrs. _____

Client Date of Birth:		Sex: Male ☐ Female ☐
Marital Status:	Race:	
Veteran: Yes ☐ No ☐	Lives alone: Yes ☐ No ☐	Pet in home: Yes ☐ No ☐
Client Phone Number:		
Client Delivery Address:		
Community/subdivision:		Gate Code:

AAA Referral Needed? Yes ☐ No ☐ Date AAA Referral Made: _____

Meals Start Date:	Meals End Date (If Applicable):
Meal Schedule:	
Meal Type:	

Beverage: Milk ☐ Juice ☐ water ☐

Frozen Weekend Meals: Yes ☐ No ☐ **Saturday Only:** ☐

Special Instructions _____

Local Emergency Contact:	Phone:
Relationship to Client:	

Billing information (BILL TO):

Name: _____ **Relationship to Client:** _____

Address: _____ **Phone:** _____

MEALS ON WHEELS DEPARTMENT

- A non-refundable deposit for your first 10 meals is required before receiving meals. This deposit will be applied to the first invoice.
- Home delivered meals will not begin until your deposit is received.
- Meals are billed monthly for the actual number of meals ordered.
- Bills are due, paid in full, upon receipt.
- You must give two (2) working days' notice to start or cancel meals.
- If you will not be home to accept your meal, you have to give two (2) business days' notice to cancel your meal or to make other arrangements to receive your meal, such as a neighbor or friend.
- You will be billed for meals that are not cancelled with two (2) days' notice.
- If you choose to leave your door open to allow our volunteers to enter your home and leave your meal in your refrigerator, you must sign and return the Entry Authorization.
- All meals are delivered by volunteers of the Council on Aging Martin County who are all background checked.
- Meals CANNOT be left in a cooler or in any unsafe/unsanitary manner.
- Contact Meal Services with any questions at 772.223.7826.

Client's Signature

Date

Entry Authorization

I do hereby give the volunteers and staff members of the Council on Aging Martin County's Meals Program permission to enter my home if I do not answer the door to complete their meal delivery.

I will not hold the volunteers or the Council on Aging of Martin County responsible for any damage, theft, or unauthorized entries into my home.

Client's Signature

Date



CREDIT CARD BILLING AUTHORIZATION

SERVICE (please circle one):

MOW

ADC

ADI-Co-Pay

CCE-Co-Pay

DEPOSIT TO BE CHARGED: \$ _____

CHOOSE One Option:

___ **Option #1** Allow the Council on Aging of Martin County to process a charge to my credit card in the amount of the invoice. A copy of the invoice and receipt will be mailed once the charge has been processed.

___ **Option #2** Pay the Council on Aging of Martin County with a check. All checks are to be made payable to the **COUNCIL ON AGING OF MARTIN COUNTY**. Payment is **Due Upon Receipt** of the invoice(s).

PLEASE PRINT CLEARLY

Client Name (s): _____

Date: _____ Amount: _____

Signature: _____

THIS AUTHORIZATION IS VALID UNTIL I NOTIFY THE COUNCIL ON AGING OF MARTIN COUNTY THAT I HAVE WITHDRAWN MY CONSENT TO PROCESS MY CREDIT CARD.

Payment Information:

Card Type: _____ Card #: _____

Expiration Date: _____ Contact # _____

Name on Card: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____