

# Meals on Wheels of Winnipeg – Referral for Service

Phone: 956-7711

Fax: 956-7722

Email: [info@mealswinnipeg.com](mailto:info@mealswinnipeg.com)

## Section 1: Client Information

Mr Mrs Ms	First:	Last:			
Address:					
Phone:	Postal Code:	DOB: ____ Day ____ Month ____ Year			
Referral Reason:	Aging	Mobility	Cognitive Impairment	Illness	Hospital Discharge
# people in home:	Related Client:	Receives Homecare? Y/N			

## Section 2: Referred By:

Self	Family	Hospital	Home Care	Friend	Agency
Contact Name:			Phone Number:		
Agency Address:			Agency Case Number:		
Other (please specify):					

## Section 3: Delivery Notes

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 to facility	Notify contact

## Section 4: Contact Information

<b>Primary Contact:</b>	First:	Last:
Relationship:	Address:	
Phone H:	Phone W:	Cell:
Is contact aware that they are primary contact? Y/N		Send client's bill to this contact? Y/N
<b>Secondary Contact:</b>	First Name:	Last Name:
Relationship:	Address:	
Phone H:	Phone W:	Cell:
Is contact aware that they are secondary contact? Y/N		Send client's bill to this contact? Y/N

## Section 5: Home Care

<b>Home Care Contact:</b>	First Name:	Last Name:
Phone #:	Office Address:	
Frequency:		

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## Section 6: Diet Information

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

## Section 7: Meal Service Pattern (*Weekend service is not available in all areas*)

Day:	M	T	W	Thu	Fri	Sat	Sun
Dinner: Amount							
Bag Supper: Amount							
XL Portion:							
Kosher Dinner: Amount						N/A	N/A
Kosher Supper: Amount						N/A	N/A
Kosher XL Portion:						N/A	N/A

## Section 8: Billing Information

<b>Bill To:</b>	Client	Agency	Family	Other
If client pays:	Will mail cheque monthly	Will pay at office	Will sign up for Pre-Auth Debit	
<i>Billing information if not listed above:</i>				

## Section 9: Notes (*i.e. homecare, volunteer concerns, safety concerns*)

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## Section 10: Office Use Only

<b>Date of Referral:</b>	<b>Referral Processed By:</b>
<b>Route Assignment:</b>	<b>Route Sequence:</b>
<b>Start Date:</b>	
<b>Policies Reviewed: _____10 meal _____ delivery time _____cancellation _____client consent form</b>	