



MEAL SERVICES SIGN UP FORM

(ALL INFORMATION IS REQUIRED)

DATE: _____

GENDER: Male / Female

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ ZIP: _____

PHONE: _____ DATE OF BIRTH: _____

PHYSICAL LIMITATIONS: _____

PREFERRED LANGUAGE: _____ RACE: _____

DOGS? Yes / No (Must be put away during delivery) VETERAN/SPOUSE OF A VETERAN? _____

ARE YOU DISABLED? Yes / No HOW DID YOU HEAR ABOUT US? _____

DIET:	REGULAR	HEART HEALTHY	DIABETIC	VEGETARIAN
	RENAL	PRE-CUT	MECH/SOFT	PUREED

FOOD ALLERGIES (Please visit www.mow-nm.org/allergies, for a list of available accommodations):

#HOT MEALS/DAY _____ MON _____ TUE _____ WED _____ THURS _____ FRI

#FROZEN MEALS _____ MON ONLY ADD BREAKFAST? Yes / No ADD DINNER? Yes / No

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PREFERRED PHONE: _____ ALTERNATE PHONE: _____

IF APPLICABLE:

2ND EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PREFERRED PHONE: _____ ALTERNATE PHONE: _____

BILL TO: _____ PHONE: _____

BILLING ADDRESS: _____

A 10-meal deposit is required prior to starting service.

HOT meals, please pay \$65.00. FROZEN meals, please pay \$57.50. **All deposits are non-refundable.**

Checks may be made payable to: Meals on Wheels of Albuquerque | PO Box 92614 | Albuquerque, NM 87199