

Appendix A

Meals on Wheels Application for Enrolment

Date: _____

Name: _____

Street Address: _____

Phone Number: _____

Bill to: _____

Mailing Address: _____

Town/Province: _____ Postal Code: _____

Next of Kin: _____ Phone Number: _____

Starting Date: _____

End Date: _____

Delivery Schedule:

Monday Tuesday Wednesday Thursday Friday

Signature of Client: _____

Meals on Wheels is an unsubsidized pay per use program operating on a monthly billing cycle. Unless otherwise specified Bassano FCSS will confirm continued enrollment on an annual basis.

If you would like to preauthorize your monthly payments, please complete the credit card information below.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____
Cardholder Postal Code (from credit card billing address):	_____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Any recipient that defaults on their account or has a balance outstanding after 45-days will be immediately suspended from the Program until the account balance is paid in full.

Consent Initial _____

Customer Signature

Date

This information is being collected for the purpose of Meals on Wheels Services pursuant to the provisions of the Municipal Government Act and its regulations and pursuant to Section 32 (c) of the Freedom of Information and Protection of Privacy Act.