

# City Of Lawndale Meals-On-Wheels Provided by Salvation Army

Please Print Clearly

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Type of Dwelling: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo/Townhome \_\_\_\_\_ Reside Alone: Yes \_\_\_\_\_ No \_\_\_\_\_

## Nearest Relative:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_  
Home / Cell \_\_\_\_\_ Work \_\_\_\_\_

## Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_  
Home / Cell \_\_\_\_\_ Work \_\_\_\_\_

Health Condition: (Explain in Detail) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Doctor/Physician Info:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Food Allergies? \_\_\_\_\_

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## CLIENT GUIDELINE AGREEMENT

Upon receiving meals from Meals-On-Wheels, I agree to the following guidelines:

SERVICE	1.	Clients' meals will be delivered anytime between 10am and 12noon, Monday through Friday, with the exception of legal holidays, unless otherwise stated. Meals are provided by the Salvation Army.
COST	2.	<p>The cost of the meals is <b>\$5.50 per meal</b>. Client's billing statements will be sent out by the 10th day of the month for the previous month's meal deliveries.</p> <p>Payments should be made within 3 days after receiving your bill. Make checks payable to the <b>"Salvation Army"</b>. DO NOT SEND CASH</p> <p>All payment inquiries should be directed to the Salvation Army MEALS-ON-WHEELS office by calling 310-318-2827, press 1 to reach MOW.</p>
CHANGES	3.	Any changes and/or cancellations must be called directly to the City of Lawndale M.O.W. office, (310) 973-3288 or (310) 973-3270, as soon as possible. We need advance notification from you at all times.
	4.	Meals should be accepted by the client in person but, it may be placed where you would like it to be delivered (for example; on your porch, behind screen door, in the patio, in an ice chest, etc.) Please be sure the meal is protected against the weather and animals if you require it placed outside.
NOTICE	5.	IMPORTANT NOTICE: Your Meals-on-Wheels service will be subject to postponement if you are frequently canceling your meal delivery.

I have read everything and agree to the MEALS-ON-WHEELS GUIDELINES.

Name of CLIENT:

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Sign your FULL NAME (First-Middle-Last)

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DATE

Submit your original, completed, application to Community Services Department,  
14700 Burin Avenue, 2<sup>nd</sup> floor, Lawndale, CA 90260 Attention: Reshonda Everage.