



Meals On Wheels Program

Dear Prospective Client;

Welcome to our Ponoka Meals On Wheels program!

General Information:

- Voluntary, community service since 1971
- Hot, nourishing, home delivered meals and/or frozen meal options
- Not-for-profit organization depending on the generosity of volunteers
- Delivery times vary
- Ponoka FCSS Info: Box 4004, Ponoka, AB T4J 1R5 - Physical Address: 5006-52 Ave
Website: www.ponokafcsc.net - Program Coordinator Email: programc@ponokafcsc.net
- Meals catered by: The Old Iron Horse Restaurant. (We are unable to accommodate allergies and specific dietary requests at this time)

How It Works:

- Delivery days are Monday to Friday (choose any days you like each week)
- No meal deliveries on public holidays (you can order extra meals on previous delivery day)
- Clients must be home to accept delivery or make alternative arrangements.
- FCSS must be notified of changes or cancellations a minimum of 1 day prior to delivery day, even if you are hospitalized. If the meal is undeliverable and notice has not been given, the client will be charged for the meal. You must actually speak to someone in our office to cancel
- Due to health hazards, drivers cannot leave meals at the door if no one is home to accept the delivery. An exception is made if arrangements have been made with the building manager and a cooler with an ice pack is left in a designated spot for the driver
- Please rinse dishes before returning to volunteer driver

Billing Information / Cost:

- \$9.00 per meal
- Billing is done monthly, payable by cash or cheque
- Meal delivery may be suspended if invoices are left outstanding

Ponoka FCSS, Meals on Wheels CLIENT REGISTRATION FORM - Client Information

START DATE: _____

First Name: _____ Last Name: _____

Address: _____ Apt. _____, Alberta, Postal Code _____

Buzzer#: _____ Phone: (_____) _____ Birth Date(M/D/Y): _____

Email: _____ Area of Town: _____

Alternate Contact Information (required) – in case of concern or emergency

First Name: _____ Last Name: _____

Address: _____ Apt. _____ City: _____ Prov. _____ Postal Code _____

Daytime Phone: (_____) _____ Relationship: _____

Billing Information (if different from client information)

First Name: _____ Last Name: _____

Address: _____ Apt. _____ City: _____ Prov. _____ Postal Code _____

Phone: (_____) _____

Why are you starting this service? _____ How did you hear about MOW? _____

CLIENT'S RIGHTS & RESPONSIBILITIES

Client Rights:

- To be treated with dignity and respect - evaluate all services and have your concerns addressed - ask questions about the service you receive - expect service to be completed in a safe manner

Client Responsibilities:

- To treat volunteers and program staff with dignity and respect - ask questions about any policy or procedure which they do not understand or with which they do not agree - speak and voice concerns or complaints to staff or volunteers - keep your account in good standing
- Aggression toward staff or volunteers will not be tolerated. Reasonable conversation would be welcomed
- Rinse dishes before returning with volunteer driver
- Client is responsible to put ice pack in cooler if needing meal left
- Cancellation of meals is your responsibility
- Meals are \$9.00 each

I agree and consent to this agreement _____ Date: _____

Signature