

Appendix C

Tr'ondëk Hwëch'in Meals on Wheels Application and Assessment Form

Appointment Date: _____

Name: _____

Address: _____

Date of Birth: _____

Phone Number: _____

Support Systems: _____

Physical/Mental Challenges: _____

Food Allergies/Special Needs: _____

Service required: Short Term (3–12 months) _____ Long Term (12 months) _____

Physicians Note Provided: Yes: _____ No: _____

Live outside Dawson, will be picked up by (name of volunteer (s)) _____

Assessor Signature: _____

I, _____, hereby agree and understand all terms of the Meals on Wheels Application and Assessment Form and the Tr'ondëk Hwëch'in Meals on Wheels Policy and Procedures. Tr'ondëk Hwëch'in Wellness staff have the right to remove me from the program if I do not keep my eligibility status up to date and provide necessary documents when requested. I will give ample notice to the Tr'ondëk Hwëch'in Meals on Wheels Cook or Community Health Representative when I will be away.

Client Signature: _____

Date: _____