

**APPLICATION FORM FOR OUR “PAY AS YOU GO” CLIENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** | | **Last Name:** | |
| **Name of Residence (If Applicable):** | | | |
| **Address:** | | | |
| **City:** | **Apt/Suite #:** | | **Postal Code:** |
| **Home Phone:** | | **Cell Phone:** | |
| **Email:** | | | |
| **Date of Birth (DD/MM/YEAR):** | | | |

|  |  |
| --- | --- |
| **Afternoon Pick up Address:** | |
| **Drop-off organization/location Name:** | **Phone#:** |
| **Address:** | |

***Starting date: Days that services are needed:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mon: □** | **Tues: □** | **Wed: □** | **Thurs: □** | **Fri: □** |

|  |
| --- |
| **Notes/Comments:** |

**EMERGENCY CONTACT**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** | | **Last Name:** | |
| **Address:** | | | |
| **City:** | **Apt/Suite #:** | | **Postal Code:** |
| **Home Phone:** | **Cell Phone:** | | **Work Phone:** |
| **Email:** | | | |
| **Relationship to Member:** | | | |

***NOTE: ANY CANCELLATIONS OR CHANGES ARE NON-REFUNDABLE AND NON-NEGOTIABLE.*** Note: Cheques can be made out to “Seniors on Wheels”. Clients will be Billed on the First of the Month for Full Month of Services and are Non-Refundable.