



## MEALS ON WHEELS APPLICATION

---

DATE:

---

FIRST NAME:

LAST NAME:

---

ADDRESS:

POSTAL CODE:

---

PHONE:

MOBILE:

---

DRIVING INSTRUCTIONS:

---

HOUSEHOLD ACCESS (Front, back, side door, ring bell, knock and enter)

---

ANY PETS? Please specify:

---

REASON FOR REQUEST:

---

FOOD PREFERENCES AND ALLERGIES

---

DIET TYPE: Regular Diet      Diabetic      Other (please specify)

---

MEAL SIZE:    SMALL     MEDIUM     LARGE

---

FOOD ALLERGIES: Yes      (Please specify)      No

---

PLEASE SPECIFY ANY FOOD DISLIKES IF APPLICABLE:

---



## MEAL OPTIONS

HOT OR FROZEN MEAL OR BOTH Please specify:

HOT MEAL ORDER (Please circle or tick what days you would like your meals)

MON  TUE  WED  THU  FRI

(no deliveries on statutory holidays)

MEAL DELIVERY TIMES: between 12:00pm - 1:00pm

FROZEN MEAL ORDER (Please circle or tick what days you would like the frozen meals)

MON  TUE  WED  THU  FRI  SAT  SUN

(delivered once a week – specify a day):

### EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT NAME:

RELATIONSHIP:

ADDRESS:

PHONE NUMBER:

SECONDARY CONTACT NAME:

RELATIONSHIP:

ADDRESS:

PHONE NUMBER:

**BILLING CONTACT:**

RELATIONSHIP:

ADDRESS:

PHONE NUMBER:

EMAIL:

Thank you for taking the time to fill out the form.

PLEASE DROP OFF AT 24 ALMA STREET OR EMAIL TO: [admin@wyndhamresthome.co.nz](mailto:admin@wyndhamresthome.co.nz)



### Agreement / Privacy Form

It is necessary for Wyndham Rest Home to collect and record some of your personal information to provide the best possible service. Any information you provide will be treated confidentially.  
In general, Wyndham Rest Home will not disclose your personal information to anyone without your consent.  
If you are receiving support services, there are times your personal information may be shared with other support workers and volunteers so that the best advice and support available can be provided.  
If you wish for us to act on your behalf, with your consent, we will share your contact information with a identified service organisations.

There may be occasions, though uncommon, when the law requires confidential information to be disclosed. This might occur when the health or well-being of a person is threatened and thus there is a strong public interest in disclosing that information.

I agree to give Wyndham Rest Home permission to release information about my situation to other long-term care agencies, service partners, acute care services, purchased services and volunteers to enable them to better assist me.

All client information is respected, protected, and privately maintained, and only required information is released to serve the client safely and responsibly.

I have read and understood the agreement and I agree to the parameters of the program. I give Wyndham Rest Home permission to release information about my situation to other long-term care agencies, service partners, acute care services, purchased services and volunteers to enable them to better assist me.

### Return Policy

Within 8 hours of delivery of damaged or defective frozen meals, the meal(s) may be returned to Wyndham Rest Home. The client will receive credit or meal replacement.  
Within 8 hours frozen meals will be replaced if Wyndham Rest Home is responsible for an order and/or delivery error. The client will receive credit or meal replacement.

Once accepted and delivered to a client's home meals cannot be replaced due to client preference.

### Liability

Wyndham Rest Home requires that you release their volunteers from any and all liability or responsibility for any damages or injuries suffered from any cause whatsoever.

Name (Print):

---

Signature:

Date:

---

If the MOW customer is unable to sign, please provide the details for the Substitute Decision Maker:

Print:

Relationship:

Signature:

Date:

---

***Any cancellations or changes must be made at least 48 hours in advance of the scheduled delivery.***