

APPLICATION FOR MEALS ON WHEELS

| Name | Birth Date | |
|-------------------------------------------------------------------------|-------------------|--|
| Street Address | Phone Number | |
| als paid for week(s) of:or Continuous delivery until notified to stop 🗖 | | |
| Best location for us to delivery the meal (side door, f | front door, etc.) | |
| List any food allergies: | | |

A lunch time meal will be delivered to your home daily, Monday through Friday, by our Service Department. The only time a meal will not be delivered is when a holiday is observed and/or our Service Department is closed, and you will be notified in advance.

Please complete this application and return it with payment to begin. Application and payment can be dropped off to the Village Hall between 8am-12pm or 1pm-4pm Monday through Friday. Or payments can be left in the blue cooler that is provided by the Service Department.

If you have any questions regarding this service please contact Vera Heinzman at the Service Department at (216) 641-3505 or sd@cuyahogaheights.com.

| Paid: Casł | Check# | Initials |
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