

WCI Meals on Wheels Intake Form

Last Name:	
Starting Date:	

Is the person under Elderly Waiver, Alternative Care, or CADI Program? Yes No
If yes, list county social worker setting up meals: _____

Name:	
DOB:	
Address:	Willmar, MN 56201
Phone:	

BILLING ADDRESS (if different from meal receipt)	
Name:	
Address:	
Phone:	

When do you want to receive meals:

- Monday through Friday = "Everyday"
- Monday through Saturday = "Everyday + Saturday"
- Other:

Delivery Instructions: _____

FIRST EMERGENCY CONTACT	
At least one contact is required to be on the program	
Name:	
Relationship:	
Phone:	
Address:	

SECOND EMERGENCY CONTACT	
Name:	
Relationship:	
Phone:	
Address:	

Regular Diet OR Do you need one of our special diets? Yes No

If yes, please check one of the following:

- Diet 1** – No Salt/Low Salt
- Diet 2** – Diabetic/Low Fat
- Diet 3** – Combo: No Salt/Low Salt & Diabetic/Low Fat

Other Dietary Information: _____

What is your beverage preference? Milk
 Juice

Note: We offer Frozen or Sack meals for Sundays. Do you need these? Yes or No

Mail, Email, Phone OR Fax To:

Address: WCI – PO Box 813, 1300 SW 22nd Street, Willmar, MN 56201
Email: cindyc@wciservices.org
Phone: 320-235-5310
Fax: 320-235-5376

Price per meal: \$5.87 (as of January 2016)