



Senior Resource
ASSOCIATION

Promoting Independence in our Community

Meals on Wheels Private Pay Agreement

Please Return To: 694 14th Street
Vero Beach, FL 32960

Client's Name: _____

- A \$67.50 non-refundable down payment is due prior to initiation of meal service delivery.
- The down payment will be credited towards the first ten (10) meal deliveries.
- Meal service is billed monthly at a cost of \$8.00 per *ordered* meal.
- All invoices are due and payable to **Senior Resource Association** upon receipt.
- Billing for cancelled meals will be waived only when a two (2) business day advance notice is provided to Senior Resource Association.
- To cancel a specific delivery date, please contact the Meals on Wheels Operations Manager at 772-569-0760 ext. 110.
- In the event of non-payment, meal service will be cancelled by Senior Resource Association.
- Client/caregiver must be home on the day of delivery at the specified time of delivery as determined by Senior Resource Association to receive the meal delivery unless other arrangements are made.
- Other delivery arrangements that the client may request, and that must be approved by MOW, could be leaving the meal with a neighbor or inside the client's residence. Please note that meals may not, under any circumstances, be left outdoors (i.e., cannot be left in a cooler even with ice packs).
- Should the client/caregiver/family fail to provide a two (2) business day notice of a change in delivery schedule, the client will be liable for meal service cost even if they do not receive the meal.

The following section is to be completed by the individual responsible for payment:

By signing below, I agree to the above terms.

Signature: _____ Date: _____

Printed Name: _____

Relationship to Client: _____

Phone: _____ Alternate Phone: _____

Billing Address: Street: _____

City: _____ State: _____ Zip: _____



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CLIENT INFORMATION

Application Date: _____ Client SSN# _____

Full Name: _____

Gender: Male Female US Citizen: Yes No

Date of Birth: _____ Birthplace: _____

Race: _____ Primary Language: _____

Veteran: Yes No Spouse of Veteran: Yes No

Preferred Phone Number: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Meal Schedule/Specifics:

Service Start Date: _____ End Date (if known): _____

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Frozen Weekend Meals: Yes No

Frozen Holiday Meals: Yes No

Special Diet: _____

Special Delivery Instructions: _____



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EMERGENCY CONTACT INFORMATION

Emergency Contact #1

Name:

Relationship to Client:

Phone Number(s):

Address:

Emergency Contact #2

Name:

Relationship to Client:

Phone Number(s):

Address:

For SRA MOW Office use only: ServTracker: (date) _____ (initials) _____

Spreadsheet: (date) _____ (initials) _____

Routed: (date) _____ (initials) _____