



Senior Resource  
ASSOCIATION

Promoting Independence in our Community

## Meals on Wheels Private Pay Agreement

Please Return To: 694 14<sup>th</sup> 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 \$6.75 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.

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*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:

\_\_\_\_\_  
\_\_\_\_\_

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*For SRA MOW Office use only:* ServTracker: (date) \_\_\_\_\_ (initials) \_\_\_\_\_

Spreadsheet: (date) \_\_\_\_\_ (initials) \_\_\_\_\_

Routed: (date) \_\_\_\_\_ (initials) \_\_\_\_\_