Coquitlam

Meaningful Meals for Seniors

Referral Form

3000 Guildford Way, Coquitlam BC V3B 7N2
Tel: 604-927-6093 | Fax: 604-927-4395 | CommunityAccess@coquitlam.ca

Date: _____

Program Information

Through the delivery of healthy balanced meals, the Meaningful Meals for Seniors program connects socially isolated and vulnerable seniors in Coquitlam with opportunities for social interaction.

- The cost per meal is $7.90 and will require payment by credit card.
- Each eligible person may order up to 4 meals per order week. Please note, there are a limited number of meals prepared each week therefore meals are available on a first serve basis.
- Volunteers will deliver meals between 10 a.m. – 12 p.m. each Tuesday, free of charge (schedule may change due to civic holidays).
- Once the application has been processed, participants will receive details on how to register and order meals.

Qualifications and Eligibility

- Must be a Coquitlam resident
- Must be 50+ years of age
- Must be facing barriers that contribute to social isolation

Applicant Information

Name of Applicant: _____ _____
First Last

Date of Birth: (mm/dd/yyyy)_____

(If spouse/partner requires meal service)

Secondary Applicant: _____ _____
First Last

Date of Birth: (mm/dd/yyyy)_____

Address: _____ Buzzer Number: _____

City:_____ Postal Code: _____ _____

Primary Phone Number: _____ Email Address: _____

Delivery instructions:_____

Residence Type: ☐ Retirement home ☐ Apartment ☐ House ☐ Other: _____

Alternate Contact: _____ Phone Number: _____

Relationship: _____

Coquitlam

Meaningful Meal for Seniors Referral Form

3000 Guildford Way, Coquitlam BC V3B 7N2
Tel: 604-927-6093 | Fax: 604-927-4395 | CommunityAccess@coquitlam.ca

Referral Information

Referral Source: ☐ Organization ☐ Family/Friend/Caregiver ☐ Self-Referral

First/Last Name:_____

Organization (if applicable):_____ Position (if applicable):_____

Email Address: _____ Phone Number: _____

Signature: _____

☐ By checking this box, I am confirming that the applicant is aware of the referral to the Meaningful Meals Program and has provided verbal consent to share the information collected for this referral with the City of Coquitlam.

Reason for referral (please check all that apply):

☐ Lack of social support
☐ Change in health status
☐ Limited cooking knowledge or skills
☐ Physically unable to prepare meals
☐ Little motivation to prepare meals
☐ Transportation issues
☐ Food security concerns
☐ Other: _____

Please select all applicable reasons why the applicant is unable to access community services:

☐ Very few social contacts
☐ Unaware of community resources
☐ Transportation issues
☐ Health issues
☐ Low Income
☐ Unable to access community resources
☐ Major life transition
☐ Loss of partner/spouse/family
☐ Physical/mobility impairment
☐ Geographical
☐ Lack of perceived opportunities to engage and contribute in their community
☐ Feelings of loneliness or not belonging
☐ Other: _____

I understand by submitting this form I am consenting to the collection, storage, use and disclosure of my personal information for the purposes of the City's Seniors Meal Delivery Program in accordance with the Freedom of Information and Protection of Privacy Act. Questions or concerns about the collection of your personal information please contact Community Access and Support at 604-927-6076.

Please submit completed application via: Fax: 604-927-4395 **| Email:** CommunityAccess@coquitlam.ca **| Mail: Community Access and Support, 3000 Guildford Way, Coquitlam, V3B 7N2. A Community Access and Support Coordinator will be in touch with the applicant within 3 business days of receiving this referral.**

Office use only

Date: _____ Signature:_____

☐ Disclaimer ☐ Entered into Xplor ☐ Participant contacted ☐ Registration info sent ☐ Renewal

Notes: