

REQUEST FOR MEALS ON WHEELS

NAME _____

ADDRESS: _____

EIRCODE: _____

TEL: _____

DATE OF BIRTH _____

MEALS REQUESTED BY & Tel No. _____

SPECIAL DIET or Allergies _____

REASON FOR MEALS: _____

Emergency contact Names(s) 1. _____ **Tel;** _____

2. _____ **Tel:** _____

Doctor. If KNOWN _____

Number of meals requested per week: _____

I consent to the use of the information supplied for Meals on Wheels purposes and I will inform Cavan County Local Development of any change to my personal data/circumstances.

Signature of Applicant **(Required)**

Is a Microwave available? Yes/No If not we can provide one at a cost.

Please return to Cavan County Local Development, Unit 6A Corlurgan Business Park, Ballinagh Road, Cavan or email to info@cld.ie. Telephone 049 4331029 if you need assistance

