

7 Day Hot Meals Delivery

Referral Details

Service user name	
Address	
Postcode	
Telephone No.	

Date of Birth	
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ESCR No :	
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Next of Kin		Who should invoice be sent to?
Relationship		
Address		
Postcode		
Telephone No.		
Keyholder	Yes / No	
If No name & phone number of keyholder		

Service Specific Details	Comments
Can the service user use the telephone ? Does the user have speech or hearing or sight problems?	
Access details – Door code , big dog, key at No 27 etc. Does the user have any mobility problems? i.e. Slow to answer door	
Please list any allergies to foods	
Please list any specific food likes and dislikes	

HOT MEALS SERVICE COST £3.50

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Please indicate days hot service is required with a tick

COLD MEALS SERVICE COST £2.10

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

IF 7 DAY COVER IS NOT REQUIRED PLEASE STATE OTHER SOURCE OF MEAL.

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

FROZEN SERVICE

WILL FROZEN DELIVERY ALSO BE REQUIRED? YES / NO

Meals Requirement *this section must be completed**Please tick*

Traditional meat or fish dishes with potatoes and vegetables	
Vegetarian meals	
Afro Caribbean meals	
Asian Vegetarian meals	
Halal meals	
Kosher meals	
Special dietary requirement	
Diabetic	
Gluten free	
Moderate sodium (Salt)	
Low Fat	
Reducing	
Soft / pureed foods	

This is a record of my food requirements from the meals service. I agree to pay the standard charges for meals received.

Signed**Date****Worker referring, please print name**

When completed – Please Fax to Meals at Home 0113 39 51585
or e-mail to : meals_at_home_access@leeds.gov.uk

Meals at Home Office Use Only

Date of receipt	
Mode of receipt	
Acknowledgement letter sent	