

Referral Form

3000 Guildford Way, Coquitlam BC V3B 7N2

Tel: 604-927-6093 | Fax: 604-927-4395 | communityservices@coquitlam.ca

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 \$7.50 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. – 2 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: _____

Primary Phone Number: _____ Email Address: _____

Delivery instructions: _____

Residence Type: Retirement home Apartment House Other: _____

Alternate Contact: _____ Phone Number: _____

Relationship: _____

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

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

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

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 Debbie Clavelle, Community Recreation Manager at 604-927-6966.

Please submit completed application via:

Fax: 604-927-4395 | Email: communityservices@coquitlam.ca | Mail: Community Services, 3000 Guildford Way, Coquitlam, V3B 7N2

A Community Services Coordinator will be in touch with the applicant within 3 business days of receiving this referral.

Office use only

Date: _____ Signature: _____

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

Notes: