Cardiff Council’s Meals on Wheels service deliver hot, tasty and nutritious meals delivered between 11.30am and 2.00pm, 7 days a week, 365 days a year. Our caring, friendly team not only deliver the meals but carry out caring welfare checks. Please complete the following details as accurately as possible. If you require assistance, please call 029 2053 7080. This form is also available in Welsh—Mae’r ffurflen hon ar goel yn Gymraeg.

**Customer Details**

<table>
<thead>
<tr>
<th>Mr, Mrs, Ms, Miss Other</th>
<th>Known as</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Surname</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Postcode</td>
</tr>
<tr>
<td>Home tel no:</td>
<td>Mobile tel no:</td>
</tr>
<tr>
<td>What is your preferred language?</td>
<td>Date of birth</td>
</tr>
<tr>
<td>What is your first language?</td>
<td>Religion</td>
</tr>
<tr>
<td>What language would you like to receive correspondence?</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

Are you a Telecare Cardiff Customer?  Yes ☐  No ☐
If not, would you like more information?  Yes ☐  No ☐

**About You**

Please indicate why you need Meals on Wheels. (Please tick all that apply)

<table>
<thead>
<tr>
<th>Have difficulty preparing a meal safely</th>
<th>Unable to shop for food</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack nutritious meals</td>
<td>Need support after discharge from hospital or illness</td>
</tr>
<tr>
<td>Have a mental or physical disability</td>
<td></td>
</tr>
</tbody>
</table>
About You (cont.)

Please tick the box(es) below if there is anything that we may need to be aware of.

Poor mobility  □  Slow to answer door  □  Gets confused □  Visual impairment □
Hearing impairment □  Speech impairment □  Form of dementia □  Risk of falls □

Is there anything else we may need to know about the client?

Will you need assistance with any of the following when the meal is delivered?

Remove Lids □  Plate meal □  Encourage to eat □  Get cutlery □  Hydration prompt □

Do you have a keysafe at the property? If yes, we will contact you for more information.  Yes □  No □

In the event of adverse weather, we will attempt to deliver to those customers who are unable to prepare a meal themselves. In this unlikely event, we would provide all other customers with frozen meals the day prior to the forecasted adverse weather. By ticking here □ you are confirming that you are happy to be supplied with a frozen meal and would be able to prepare this yourself.

Please note, that if adverse weather is forecasted for an extended period of time then multiple meals will be delivered. Dietary requirements will still be maintained and meals will be charged at usual price.

Meal Preference

Please advise when you would like to start the service

What type of meal would you prefer?  Main Meal □
Main Meal and Dessert □

Please select the days you require the service.

Monday □  Tuesday □  Wednesday □  Thursday □  Friday □  Saturday □  Sunday □

If we were to expand the service, would you consider any of the below? (Tick all that apply)

Grocery Packs □  Tea Packs □  Frozen Meals □

Health & Nutrition

Please indicate any important likes and dislikes below:

Likes:  Dislikes:

Please indicate any allergies below:

Celery □  Gluten/ □  Sesame □  Eggs □  Fish □  Lupin □  Peanuts □
Molluscs □  Mustard □  Crustaceans □  Milk □  Nuts □  Soya □  Sulphites □

Other allergy or dietary requirement:

Please indicate any dietary preferences below:

Vegetarian □  Vegan □  Caribbean/West Indian □  Kosher □  Asian Halal □

Meals suitable for customer with diabetes □  Gluten Free □
Higher calorie meals and desserts that contain at least 300 calories (highest energy within our range) □
We will send a bill at the end of the month for the meals received during that month. This can be paid by Direct Debit, credit or debit card over the telephone, cheque, or Postal Order. In some circumstances we can accept payment via an Allpay card or standing order. We never accept cash.

Preferred payment method
- Direct Debit
- Credit or debit card
- Cheque
- Postal Order
- Standing order

If someone other than the client is paying for the meal, please list their details here:
- Name
- Relationship to client
- Address
- Telephone
- Postcode
- Email

Please tick here to confirm that the payer above is aware and has given consent for their details to be given.

The information you have provided to Meals on Wheels will be treated as confidential but may be shared with other Council Services if required by law and with the requirements of the Data Protection Act 2018. For further information on how the Council process your personal information in line with Data Protection Law, see our full Privacy Policy on the Council’s website:
https://www.cardiff.gov.uk/ENG/Home/New_Disclaimer/Pages/default.aspx
Go to food.gov.uk/ratings to find out the food hygiene rating of our business or ask us for our food hygiene rating when you order.

Tel: 029 20 537080   email: Meelsonwheels@cardiff.gov.uk   Prydarglud@caerdydd.gov.uk