



**MEALS**  
ON  
WHEELS

**PRYD**  
AR  
GLUD



# Application Form

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 gael yn Gymraeg.

## Customer Details

Mr, Mrs, Ms, Miss Other  Known as

First Name  Surname

Address

Postcode

Home tel no:  Mobile tel no:

What is your preferred language?  Date of birth

What is your first language?  Religion

What language would you like to receive correspondence?

Email Address

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)

Have difficulty preparing a meal safely  Unable to shop for food

Lack nutritious meals  Need support after discharge from hospital or illness

Have a mental or physical disability

## 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   
 cereals  
 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)

## Health & Nutrition (Cont.)

Please tick the box if you have any **health conditions or concerns** that may be relevant to the client's nutritional requirements:

Dementia     Poor appetite     Complex diet     Losing weight unintentionally   
 Dysphagia     Heart condition     Diabetes     Alcohol issues   
 Underweight     Overweight     Kidney disease     Swallowing/Chewing issues

Other (please specify):

## Outcomes

Please tick the outcomes you want to achieve as a result of having the service. (if applicable)

Support Independent living     Increase weight     Eat more of a balanced diet   
 Safer living at home     Feel better nourished     Daily interaction     Life is easier

## Support Contacts

Primary contact:

Full name

Telephone No     Relationship     Key holder? Yes  No

Secondary contact:

Full name

Telephone No     Relationship     Key holder? Yes  No

## Payment and Authorisation

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     Telephone

Relationship to client

Address     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](https://www.cardiff.gov.uk/ENG/Home/New_Disclaimer/Pages/default.aspx)



**MEALS**  
ON  
WHEELS | **PRYD**  
AR  
GLUD



Go to [food.gov.uk/ratings](http://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: [Mealsonwheels@cardiff.gov.uk](mailto:Mealsonwheels@cardiff.gov.uk) [Prydarglud@caerdydd.gov.uk](mailto:Prydarglud@caerdydd.gov.uk)

Meals on Wheels  
Willcox House  
2nd floor  
Dunleavy Drive  
Cardiff  
CF11 0BA