Meals on Wheels Service Support Plan Summer 2023-2024 Commences 3.10.23
Should a problem occur with food that you receive please ring Meals on Wheels on 67221951
Please complete all sections to provide your latest dietary requirements.
It's important you update us about any changes to your needs \& your health.
Tick the meals you want and return to the volunteers or the office as soon as possible.
Full meal includes hot meal, chilled meal, frozen meal, or salad, plus dessert \& juice \$11 Main meal only \$9.50: Yes $\square$ No $\square \quad$ Soup $\$ 2.00$ : Yes $\square$ No $\square$ All desserts are diabetic suitable Allergies: Yes $\square$ No $\square$ Please provide details:
Food Dislikes/List any foods you do not eat:

Both Juices $\square$ Apple Juice Only $\square$ Orange Juice Only $\square$ No Juice $\square$ No Dessert $\square$ No dairy Meals Cut-up $\square$ Mince Moist Meals $\square$ Puree Meals $\square$ No gravy/sauce $\square \quad$ Extra gravy/sauce $\square$
All meals served with potato, rice, pasta, seasonal vegetables \& sauce, gravy, or dressing.


LG = Low Gluten
Please contact us on 67221951 if you have any questions or to make changes to your menu choices, including cancelling meals because of appointments etc. If possible, please give $\mathbf{2 4}$ hours' notice for cancellations.

| Monday Week Three |  | Monday | Week Four |  |
| :---: | :---: | :---: | :---: | :---: |
| $\square$ Beef with Mushrooms | LG | $\square$ Lamb Hot Pot |  | LG |
| $\square$ Chicken Kiev |  | $\square$ Chicken Pie |  |  |
| $\square$ Pavlova, Fruit \& Cream |  | $\square$ Fruit \& custard |  |  |
| Tuesday Week Three |  | Tuesday | Week Four |  |
| $\square$ Curried Sausages | LG | $\square$ Beef Chow Mein |  |  |
| $\square$ Quiche | LG | $\square$ Pork Fillets |  | LG |
| $\square$ Cold Meat \& Salad | LG | $\square$ Cold Meat \& Salad |  | LG |
| $\square$ Mousse \& fruit |  | $\square$ Jelly Cake \& Yoghur |  |  |
| Wednesday Week Three |  | Wednesday | Week Four |  |
| $\square$ Roast Lamb | LG | $\square$ Roast Pork |  | LG |
| $\square$ Roast Chicken | LG | $\square$ Roast Beef |  | LG |
| $\square$ Cold Meat \& Salad | LG | $\square$ Cold Meat \& Salad |  | LG |
| $\square$ Sponge Fruit Pudding \& Custard |  | $\square$ Crème Caramel |  |  |
| Thursday Week Three |  | Thursday | Week Four |  |
| $\square$ Chicken Sausages | LG | $\square$ Chicken Fried Rice |  | LG |
| $\square$ Ham Steaks \& Pineapple |  | $\square$ Pork Riblets |  |  |
| $\square$ Cold Meat \& Salad | LG | $\square$ Cold Meat \& Salad |  | LG |
| $\square$ Jelly Fruit \& Yoghurt |  | $\square$ Mousse \& fruit |  |  |
| Friday Week Three |  | Friday | Week Four |  |
| $\square$ Baked herb \& lemon fish fillet | LG | $\square$ Crumbed Fish |  |  |
| $\square$ Chicken \& Bacon Caesar Salad |  | $\square$ Vegetable Slice |  | LG |
| $\square$ Cold Meat \& Salad | LG | $\square$ Cold Meat \& Salad |  | LG |
| $\square$ Apricot crumble \& custard |  | $\square$ Apple/Blueberry Slice | tard |  |

LG = Low Gluten
The menu is a rotating 4 week menu - at the end of Week 4, the menu will start again at Week 1

| Do you always eat the full meal (both main meal \& dessert) in one sitting? | Yes $\square$ | No $\square$ |
| :--- | :--- | :--- |
| Do you regularly split your meal (main meal \& dessert) over lunch \& night-time? | Yes $\square$ | No $\square$ |
| We usually deliver your meal to a table or chair outside to maintain social distancing: |  |  |
| Is this arrangement suitable to you? | Yes $\square$ | No $\square$ |
| Do you find it difficult to collect your meal, due to mobility issues? | Yes $\square$ | No $\square$ |

Please contact us on 67221951 if you have any questions, want to make changes to your menu choices, or cancel meals. If possible, please give $\mathbf{2 4}$ hours' notice for cancellations

To ensure we have the correct contact details, please provide

|  | Your <br> Name | Contact Person <br> Name |
| :--- | :--- | :--- |
| Home Ph |  |  |
| Mobile |  |  |
| Email |  |  |

Your responses to the below questions are confidential \& the information will only be used by us to plan \& continue providing the high quality service that you want. By answering the questions, it will assist us in understanding your needs \& your current health requirements.

Has your health changed during the past 12 months?
Improved
Stayed the same
Deteriorated
Have you lost weight recently (last 6 months) without trying?
If yes, how much weight have you lost?
Have you been eating poorly because of a decreased appetite or illness?

| Yes $\square$ | No $\square$ |
| :---: | :---: |
| Yes $\square$ | No $\square$ |

Please tick how you feel about:

|  | Very <br> happy | Happy | Neither <br> unhappy or <br> happy | Unhappy | Very <br> unhappy |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Your overall <br> health |  |  |  |  |  |
| Number of social <br> activities |  |  |  |  |  |
| Quality of meals <br> we provide |  |  |  |  |  |
| Interactions with <br> staff \& volunteers |  |  |  |  |  |
| Community <br> connections |  |  |  |  |  |
| The service we <br> provide |  |  |  |  |  |

Would you like to make any suggestions or comments?
$\qquad$
$\qquad$
$\qquad$

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