



Sponsored Meal Program

Date _____

Initial Order Change in Order Cancellation Effective Date _____

INDIVIDUAL SPONSOR ORDER FORM

SENIOR CENTER NAME: _____

SPONSOR INFORMATION:

Name/Organization _____ Contact Person _____

Billing Address _____

City _____ State _____ Zip _____

Daytime Phone: _____ Email Address or Other Phone#: _____

RECIPIENT INFORMATION:

Name _____ Aims# _____

Address _____

City _____ State _____ Zip _____

Phone# _____ Date of Birth _____

Directions/Comments: _____

SENIOR CENTER/ORDER INFORMATION:

ALL ORDERS REQUIRE 2 WEEKS NOTICE. CHANGES/CANCELLATIONS CAN ONLY BE EFFECTIVE AT FIRST OF MONTH.

Is participant eligible for home delivered meals? Yes No Changes/Comments:

Has client enrollment form been completed? Yes No

Does Senior Center have capacity to deliver requested meals? Yes No

MEAL OPTIONS:

C1 Congregate Meals	M	T	W	TH	F	M-F	Effective Date	Price
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C2 Home Delivered Meals	M	T	W	TH	F	M-F	Effective Date	Price
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Frozen Meals 7 pack	Center Delivery	Vendor Delivery					Effective Date	Price
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PAYMENT INFORMATION:

Preferred Method of Billing: Paper Invoice (Mail) Electronic Invoice (Email) (email address required above)

Billing Frequency: Monthly Quarterly Yearly (Payments due in advance)

Payment Method: Autodraft (authorization form is required) PayPal Check/Other

Amount Paid Today: \$ _____

I agree to pay for the above ordered meals. I further agree and understand that any change or cancellation to the meal order requires a 2 week notice and I agree to pay for the meals in violation of the 2 weeks notice. I have read, understand and agree to the terms of the SARCOA Sponsored Meals Program.

Sponsor/Payee Signature _____ Date _____

Senior Center Director Authorization:

Senior Center Director Signature _____ Date _____