

Welcome to MEALS ON WHEELS



Thank you for selecting Meals on Wheels...

We deliver meals to most areas in Hamilton.

Meals are delivered hot Monday to Friday usually between 12noon and 12:30pm by Red Cross volunteers. Frozen meals are available for the weekends and public holidays. We cater for most dietary requirements.

Anyone is eligible – you do not need a referral.

The minimum number of meals is two per week.

MEALS

Your meals are prepared fresh in our kitchen daily. Meals consist of a choice of hot main dishes with seasonal vegetables and a delicious dessert.

Each meal costs \$12.50. Pricing can be subject to change.
We try to keep our meals affordable to all.

You choose your meal from a four-weekly rotating seasonal menu.

TO CANCEL MEALS

If you no longer require meals you must notify Meals on Wheels as soon as possible.
Phone 07 839 8726 extension 98121.

Please phone before 9am to cancel a meal or meals. You will be charged for any meal cancelled after 9am on the day of delivery.

PAYMENT

Direct debit is a simple, convenient and reliable method of payment for your meals. Once you complete the form we will arrange payment from your bank.

INFORMATION

We require details of your address and phone number and request that you give us an alternative phone number such as next of kin, family member or neighbour. We respect your right to privacy and this information is confidential and used only by those who need it in order to provide meals to you.

Please return three pages: ☐ Direct Debit form
☐ Client information form
☐ Menu for the four-week period in the included envelope

by email: MOW@waikatodhb.health.nz

post: Meals on Wheels, Waikato Hospital, Private Bag 3200, Hamilton 3240

For more information, queries or concerns about Meals-on-Wheels
Phone 07 839 8726 extension 98121
or visit waikatodhb.health.nz/mealsonwheels

Information for clients starting Meals on Wheels



SECTION 1 CLIENT INFORMATION

Start date ____ / ____ / ____ ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other _____

Surname _____ First name(s) _____

Address _____

_____ Post code _____

Phone no. _____ Mobile no. _____

Delivery details (e.g. front door) _____

Dietary requirements _____

Number of meals per week (minimum 2) ____ ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Number of frozen meals for the weekend (if required) ____ Size of meal(s) ☐ Sml ☐ Med ☐ Lg

SECTION 2 ALTERNATIVE CONTACT

Surname _____ First name(s) _____

Address _____

_____ Post code _____

Phone no. _____ Mobile no. _____

Relationship to client _____

SECTION 3 TO BE COMPLETED IF PAYER IS NOT THE CLIENT

Payer name (if not client) _____

Address (to post account to) _____

_____ Post code _____

Phone no. _____

How to complete direct debit form



Direct Debit payment for your Meals on Wheels is a simple, safe, convenient and reliable method.

HOW IT WORKS

Every second week you will receive an invoice for the previous fortnight. All you will need to do is check the amount, if it is correct then you do not need to do anything.

After you receive the invoice, the bank will automatically transfer your fortnightly payment to Waikato Hospital.

Please do not alter the arrangements with the bank if you go on holiday or take a break from Meals on Wheels. We only charge for meals delivered – NO meals delivered means NO charges.

HOW TO COMPLETE THE DIRECT DEBIT AUTHORITY

ACCOUNT INFORMATION

Name of
Account

Your name

BANK ACCOUNT FROM WHICH PAYMENTS TO BE MADE

2 digits	4 digits	7 digits	2 digits
Bank	Branch Number	Account Number	Suffix

Name of my
Bank

Bank e.g. BNZ

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Payer
Particulars

Meals on Wheels

Payer
Code

WDHB

Date

DD/MM/YYYY

Authorised
Signatures

Your signature

If you need to discuss this, please call 07 839 8726 ext 98121.

Direct debit authority form

**Meals on Wheels, Waikato Hospital, Private Bag 3200,
Hamilton 3240 – Ph: 07 839 8726 Ext: 98121**



ACCOUNT INFORMATION

Name of Account

Customer (Acceptor) to complete bank/branch number and account number and suffix of account to be debited.

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Bank

Branch Number

Account Number

Suffix

DIRECT DEBIT AUTHORITY

(not to operate as an assignment or agreement)

Authorisation Code

0 2 2 0 5 2 4

(User Number)

Name of my Bank

From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debit instructions received from

Health NZ Waikato

(the 'Initiator')

with the authorisation code specified on this authority and in accordance with this authority until further notice from me. I agree that this authority is subject to:

- my bank's terms and conditions that relate to my account, and
- the terms and conditions listed below.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Payer Particulars

Payer Code

Payer Reference

Date

DD / MM / YYYY

Authorised Signatures

SIGNATURE

SIGNATURE

Specific conditions relating to notices and disputes

- 1) I agree that the Initiator must give me at least 10 days' prior notice of each direct debit, including the first direct debit in a series.
- 2) Changes to the amounts or dates of a series of direct debits require 30 days' prior notice to me.
- 3) I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
- 4) All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator.
- 5) I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
 - I didn't receive proper notice of the amount and date of the direct debit, or
 - I received notice but the amount or date of the direct debit is different from the amount or date on the notice.
- 6) If you dishonour a direct debit but the Initiator retries it within 5 business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.

APPROVED

2052

10/18

FOR BANK USE ONLY

Date Received

Recorded By

Original
Copy

– Retain at Branch
– Forward to Initiator if requested

BANK
STAMP

Food safety reminder



Nutrition and Food takes the utmost care to provide you with nutritious, safe and hygienically prepared meals. To maintain the quality of the meal we recommend that it is eaten straight away.

If you are unable to eat the meal straight away, it must be put into a fridge and chilled immediately. The meal should then be reheated until piping hot.

The thermo-fresh containers can be microwaved (take the seal off before microwaving) or heat your oven to 180°C to reheat your meal. The meal should be used within 24 hours of delivery and **never** reheated more than once.

Please put the dessert into a fridge as soon as you get it. To reheat, transfer into a microwave or oven safe container.

If you are not going to be home at delivery time you will need to provide instructions to leave the meal in a place that will preserve the safety of the food e.g. a small chilly-bin. Or you need to have someone collect the meal for you and refrigerate as soon as possible or else you should cancel the meal.

HOW TO REHEAT MEALS-ON-WHEELS OR LEFTOVERS SAFELY

- Stir your food often to ensure it heats through evenly, especially when using the microwave
- Leave the food for a minute after heating so it finishes cooking
- Reheat the food thoroughly – it should be piping hot right through to the middle
- Reheat leftovers only once, then throw any remaining food out

If your meal or any leftovers have been in your fridge for more than 24 hours, throw them out.

HOW TO REHEAT A FROZEN MEAL

- Do not thaw – cook meal from frozen
- Microwave on full power for 5 minutes
- The temperature in the centre of the food should be piping hot
- Reheated food should be eaten straight away
- Once food has been reheated it cannot be stored or heated again