



Meals on Wheels Order Form 6-2-09

Name: _____ Ph.#: _____ Date Ordered: _____

Address: _____ Apt. #: _____ Delivery Date: _____

♥ = Low Fat (Fat Content ≤ 25 grams). ↓ = Low Sodium (Sodium Content ≤ 1000 mg).

R = Suitable for persons with Kidney Disease. V = Vegetarian. **Kosher menu on reverse.**

DINNERS: Each includes optional milk, margarine, and white or wheat roll.

#

4	♥	↓	R	V	Macaroni & Cheese, Cut Broccoli, Diced Carrots	4	
7	♥				Roast Turkey, Mashed Potatoes w/ Poultry Gravy, Peas	7	
10	♥	↓	R		Beef Hash, Cut Broccoli, Corn	10	
13	♥	↓			Braised Beef, Rice w/Peppers, Spinach w/Onion, Spiced Peaches	13	
23	♥				Chicken Enchilada, Refried Beans, Rice w/Peas	23	
24	♥	↓	R		Chicken Curry, Rice, Broccoli, & Sliced Apples NEW!	24	
26	♥	↓	R		Tuna Casserole, Broccoli, Carrots & Peas NEW!	26	
40					Country Sausage Gravy & Biscuit, Rice Pudding, Sliced Peaches	40	
42	♥	↓	R		Turkey ala King, Rice, Peas, Diced Carrots & Broccoli	42	
51	♥	↓		V	Vegetarian Lasagna, Italian Vegetables, Zucchini, Spiced Peaches	51	
52	♥			V	Vegetarian Chili, Spanish Rice & Green Beans NEW!	52	
53	♥	↓		V	Vegetarian Spaghetti, Applesauce & Green Beans NEW!	53	
54	♥	↓			Meat Loaf, Mashed Potatoes w/Brown Gravy, Cut Green Beans	54	
55					Chili & Franks, Tator Puffs, Corn	55	
56	♥	↓			Meat Lasagna, Cut Green Beans, Spiced Sliced Peaches	56	
57	♥		R		Chicken Patty & Rice, Mixed Vegetables, Applesauce	57	
63	♥				Hot Turkey Sandwich, Mashed Potatoes & Gravy, Gr. Beans NEW!	63	
64	♥				Ranchero Chicken, Corn & Rice w/ Peppers NEW!	64	
68	♥	↓			Salisbury Steak, Mashed Potatoes w/Brown Gravy, Diced Carrots	68	
72		↓			Country Fried Steak, Chunk Roasted Potatoes, Diced Carrots	72	
73	♥	↓			Spaghetti & Meat Sauce, Cut Green Beans, Cinnamon Applesauce	73	
76	♥	↓	R		Chicken Casserole, Cut Broccoli & Diced Carrots	76	
77	♥	↓			Fish & Chips, Fish Sticks, Chunk Roasted Potatoes, Broccoli	77	
81	♥	↓	R		Baked Chicken, Noodles, Gr. Beans & Cauliflower NEW in July!	81	
82	♥	↓			Swedish Meatballs, Mixed Vegetables, Pear Halves	82	
88		↓		V	Bean & Cheese Burrito, Rice w/ Peppers & Corn NEW!	88	
89	♥	↓	R		Beef Stew, Rice, Broccoli, Corn	89	
90	♥	↓			Chicken Fried Rice, Pineapple & Broccoli NEW!	90	

Rolls: # Wheat _____ # White _____ Margarine: Yes ___ No ___ # Dry Milk _____ Total Dinners _____

BREAKFASTS: Each includes optional milk, margarine, and juice.

#

30	♥	↓	R	V	Scrambled Eggs & Cheese, Potatoes, Pear Halves	30	
35	♥	↓	R	V	Breakfast Burrito, Rice Pudding, Sliced Apples	35	
36	♥				Scrambled Eggs w/Ham, Pancakes, Sliced Peaches	36	
37	♥	↓	R	V	French Toast w/ Eggs, Sliced Peaches	37	

Orange Juice _____ # Apple Juice _____ # Pineapple Juice _____ Total Breakfasts _____

Grapefruit Juice _____ # Tomato Juice _____

# Meals Ordered _____	X \$3.00/meal (Suggested Donation)= _____
(\$4.50/ Meal Charge if ineligible, under 60 yrs.)	Amount Received _____
Participant's Signature _____	Drivers Signature _____

KOSHER MEALS (K) Note: Kosher Meals come in foil containers, and should not be microwaved. #

213	♥	↓	K	Braised Beef Tips, Rice, Asian Mixed Vegetables	213	
225		↓	K	Stuffed Bell Pepper, Rice, Seasoned Carrots	225	
254		↓	K	Meat Loaf, Mashed Potatoes, Scandanavian Vegetables	254	
269	♥	↓	K	Baked White Fish, Potatoes, Stewed Tomatoes	269	
273	♥	↓	K	Spaghetti & Meatballs, Italian Mixed Vegetables	273	
281	♥	↓	K	Baked Chicken, Mashed Potatoes, Scandanavian Vegetables	281	
289	♥	↓	K	Beef Stew, Seasoned Green Peas	289	

Total Kosher Meals _____

Liquid Supplement Order Form

ENSURE (24 pack) \$25.00

- _____ Vanilla
- _____ Chocolate
- _____ Strawberry
- _____ Coffee
- _____ Butter Pecan

ENSURE Pudding (4 pack) \$4.00

- _____ Vanilla
- _____ Chocolate
- _____ Butterscotch

ENSURE Plus (24 pack) \$26.00

- _____ Vanilla
- _____ Chocolate
- _____ Strawberry
- _____ Butter Pecan

GLUCERNA

- _____ Plain - \$43.00
- _____ Chocolate - \$36.00
- _____ Strawberry - \$36.00

ENSURE Hi-Protein (24 pack) \$26.00

- _____ Vanilla Supreme
- _____ Chocolate Royale
- _____ Wild Berry

ENSURE w/ Fiber (24 pack) \$26.00

- _____ Vanilla
- _____ Chocolate

FOR OFFICE USE ONLY – Please do not write in this box.

Liquid Supplement Item	Quantity	Cost Per Unit	Cost
	x	\$ =	\$
	x	\$ =	\$
	x	\$ =	\$
MOBILE MARKET CHARGES =			\$

Meals Ordered _____ x \$3.00/Meal Suggested Donation
(or \$4.50/Meal Charge if Under 60)

SUGGESTED DONATION (OR CHARGE) FOR MEALS = \$

TOTAL = \$

Amount Received = \$

Participant's Signature _____

Driver's Signature _____