

MEAL DELIVERY CARE PLAN

Date: / /

Full Name :

Select the goal/s that best reflects your reason for accessing Meals on Wheels:

GOAL	EXPECTED OUTCOMES	✓
Nutrition & Health To maintain my health and wellbeing by receiving regular, nutritious meals that meet my dietary needs.	I receive meals that are balanced and suited to my dietary needs. I eat regular, healthy meals each day. My energy levels, appetite, or weight remain stable or improve.	
Independence & Daily Living To stay independent at home by getting help with meal preparation through delivered meals.	I can remain living at home safely and independently. I rely less on others for cooking and shopping. I feel confident knowing my meals are taken care of.	
Safety & Emotional Wellbeing To feel supported, safe, and connected by receiving regular meal deliveries and friendly visits that provide both nutrition and social contact.	I enjoy friendly, caring contact with volunteers as part of my regular routine. I feel reassured knowing someone checks in on my wellbeing through meal deliveries. I feel more confident and supported living independently at home.	

TO ACHIEVE MY GOAL/S I REQUIRE:

Please attach additional notes if required



Menu Items:



Main Meal/s

(340-380g Meal, Salads)



Mini Meal/s

(240-300g Meal)



Light Meals/s

(Soup, Sandwich, Breakfast Pack)



Dessert/s



Snack/s



Beverage/s



Meals for:



Monday



Tuesday



Wednesday



Thursday



Friday



Weekend



Texture Modification:



Puree



Cut- Up



Minced-Moist



Allergies/Intolerances:



I have the ability to reheat meals?

☐ YES

☐ NO