

# Home Dining Contract



Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Client's Address: \_\_\_\_\_

Phone Number (Best): \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Special Delivery Instructions: \_\_\_\_\_

### Type of Meal

Hot Meals

Frozen Meals

### Date you would like to start:

\_\_\_\_\_

### Please Select Delivery Days:

Monday

Tuesday

Wednesday

Thursday

Friday

This service is determined by the compliance of the individual(s) with the policies and procedures set forth by Elder Care Services, Inc.. The current cost of this services is \$7.00 per meal, and Elder Care Services reserves the right to adjust this price as determined by food costs, impact of delivery methods, and other factors as they may arise. A deposit for meal service of \$75.00 (additional \$2.00 processing fee for credit or Paypal payments) will be required to initiate service, which can be applied to final bill if such a time comes to terminate meals. No change in cost will be made without proper notification of such change, and in a timely manner. Billing statements will be sent to clients or their authorized agents monthly, and payment for service will be expected within 30 days. If by chance meals are ordered and attempts to deliver are unsuccessful due to client not being available, that charge will be reflected on the bill unless prior arrangements have been made. The undersigned agrees to comply with these guidelines to help us serve you in the most efficient manner possible.

Billing Name & Address if different from above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Agreement: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed  
form by Email:

[info@ecsbigbend.org](mailto:info@ecsbigbend.org)

Mail: 2518 West Tennessee Street Tallahassee, FL  
32304 Fax: 850-921-0082

**Call us at: 850-921-5554**