

Home Dining Contract

Client's Name:

Age:

Date of Birth

Client's Address:

Phone Number:

Date you would like service
to start:

Type of Meal

Hot Meals

Frozen Meals

Please Select Delivery Days:

Mon

Tues

Wed

Thurs

Fri

Emergency Contact
Information:

Special Delivery
Instructions:

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 \$6.00 per meal, and Elder Care Services reserves the right to adjust this price as determined by food costs, impact of delivery methods, and other 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 and
Address if different from
above:

Signature of Agreement

Date

Return completed form by
Email: info@ecsbigbend.org
Mail: 2518 West Tennessee Street Tallahassee, FL 32304
Fax: 850-921-0082
Call us at: 850-921-5554