


## Meals on Wheels Choices Menu Selection

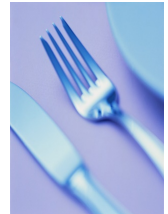
**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

# November-18

Monday	Tuesday	Wednesday	Thursday	Friday
			<u>1</u> A or B	<u>2</u> A or B
<u>5</u> A or B	<u>6</u> A or B	<u>7</u> A or B	<u>8</u> A or B	<u>9</u> A or B
<u>12</u> A or B	<u>13</u> A or B	<u>14</u> A or B	<u>15</u> A or B	<u>16</u> A or B
<u>19</u> A or B	<u>20</u> A or B	<u>21</u> A or B	<u>22</u> A or B	<u>23</u> A or B
<u>26</u> A or B	<u>27</u> A or B	<u>28</u> A or B	<u>29</u> A or B	<u>30</u> A or B

**The Choices Menu gives you a choice between the standard entrée (Meal A) and an alternative (Meal B). Please circle A or B for each day on this order form and return it when the next volunteer brings your meal. If you don't send this choice form back to us, Meal A will automatically be selected for you. The side orders will remain the same regardless of the entree you choose. Please contact Helen Dodd at 686-1003 or Tanya Gruen at 686-1010, if you have any questions or concerns. Thank you**



Sycamore Senior Center  
Meals on Wheels Choices Menu Selection

Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Month: \_\_\_\_\_

<u>Week of:</u>	<u>Week of:</u>	<u>Week of:</u>	<u>Week of:</u>
<u>Monday</u>	<u>Monday</u>	<u>Monday</u>	<u>Monday</u>
<input type="checkbox"/> Meal A	<input type="checkbox"/> Meal A	<input type="checkbox"/> Meal A	<input type="checkbox"/> Meal A
<input type="checkbox"/> Meal B	<input type="checkbox"/> Meal B	<input type="checkbox"/> Meal B	<input type="checkbox"/> Meal B
<u>Tuesday</u>	<u>Tuesday</u>	<u>Tuesday</u>	<u>Tuesday</u>
<input type="checkbox"/> Meal A	<input type="checkbox"/> Meal A	<input type="checkbox"/> Meal A	<input type="checkbox"/> Meal A
<input type="checkbox"/> Meal B	<input type="checkbox"/> Meal B	<input type="checkbox"/> Meal B	<input type="checkbox"/> Meal B
<u>Wednesday</u>	<u>Wednesday</u>	<u>Wednesday</u>	<u>Wednesday</u>
<input type="checkbox"/> Meal A	<input type="checkbox"/> Meal A	<input type="checkbox"/> Meal A	<input type="checkbox"/> Meal A
<input type="checkbox"/> Meal B	<input type="checkbox"/> Meal B	<input type="checkbox"/> Meal B	<input type="checkbox"/> Meal B
<u>Thursday</u>	<u>Thursday</u>	<u>Thursday</u>	<u>Thursday</u>
<input type="checkbox"/> Meal A	<input type="checkbox"/> Meal A	<input type="checkbox"/> Meal A	<input type="checkbox"/> Meal A
<input type="checkbox"/> Meal B	<input type="checkbox"/> Meal B	<input type="checkbox"/> Meal B	<input type="checkbox"/> Meal B
<u>Friday</u>	<u>Friday</u>	<u>Friday</u>	<u>Friday</u>
<input type="checkbox"/> Meal A	<input type="checkbox"/> Meal A	<input type="checkbox"/> Meal A	<input type="checkbox"/> Meal A
<input type="checkbox"/> Meal B	<input type="checkbox"/> Meal B	<input type="checkbox"/> Meal B	<input type="checkbox"/> Meal B

Week of: \_\_\_\_\_

Monday

- Meal A
- Meal B

Tuesday

- Meal A
- Meal B

Wednesday

- Meal A
- Meal B

Thursday

- Meal A
- Meal B

Friday

- Meal A
- Meal B

Sycamore Senior Center  
Meals on Wheels Choices Menu

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Week of: \_\_\_\_\_

Monday

Meal A

Meal B

Tuesday

Meal A

Meal B

Wednesday

Meal A

Meal B

Thursday

Meal A

Meal B

Friday

Meal A

Meal B

Sycamore Senior Center  
Meals on Wheels Choices Menu

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Week of: \_\_\_\_\_

Monday

Meal A

Meal B

Tuesday

Meal A

Meal B

Wednesday

Meal A

Meal B

Thursday

Meal A

Meal B

Friday

Meal A

Meal B

