

# Diner's Choice & Senior Meals

Referral for Stevens, Ferry and Pend Oreille Counties

PLEASE PRINT

Last Name	First Name	M. Init.	Date of Birth
Mailing Address		City	Zip
Street Address	County _____		Stevens Ferry Pend Oreille
Telephone			

I would like to be a participant on the "Diner's Choice" or Senior Meal Program. You can contact me at the above phone number to complete the addition information needed for registration on the program. I understand that all information will be kept confidential.

Call Rural Resources Community Action – Colville Office  
Senior Nutrition Program  
1-509-684-8421 OR 1-877-219-5542  
FAX 1-509-685-0108

Signature \_\_\_\_\_

MW/REFERAL/MEALSONWHEELS12/09