



Meals-On-Wheels Registration Form

WELCOME – WE ARE GLAD YOU ARE HERE!

Participant Name: _____

How does the program work?

We deliver nutritious lunches for seniors four days a week with the option to include an additional sack lunch on non-delivery days. Our program is highly customizable-- you can pick-and-choose your days based on the menu or even order as many meals per day as you'd like. Warm lunch delivery days are Mondays, Tuesdays, Wednesdays, and Fridays. You are welcome to cancel and skip days hassle-free at any time! The drivers and deliverers not only bring a meal, but they also bring a familiar face and warm smile each day. You will look forward to their friendly faces, leaving you with the reassurance of receiving dependable meal service.

Am I eligible to sign-up?

Participants typically fall under the following criteria, although each application is considered case-by-case.

- 60 years and older, although can be younger with disabilities
- Individuals that have difficulty preparing their own meals due to physical or mental health conditions, such as mobility limitations, chronic illness, or cognitive impairment
- Low-income individuals who we are able to partially or fully scholarship
- Individuals who often live alone and don't have anyone available to prepare meals for them regularly

What types of meals are offered?

Our meals always come with a warm plate (an entrée and two sides) and a cold plate (salad, fruit, and dessert). Sack lunches consist of a frozen meal, fruit, chips, and a cookie. Please check the monthly menu on our website, newsletter or request one at the front desk.

When are meals delivered?

Meals are delivered by our volunteer drivers, often in our Meals-on-Wheels vans which keep your lunch warm. Meals are delivered between 11:30 AM – 2:30 PM.

Do you cater to allergies and dietary restrictions?

Unfortunately, we do not have the capacity to cater our meals per person at this time. Our meals may include animal products, gluten, lactose, tree nuts and shellfish.

Meals-On-Wheels Coordinator, Anna Cabot

(208) 727-7198

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MEALS-ON-WHEELS REGISTRATION FORM

PARTICIPANT INFORMATION

Name (First, Middle Initial, Last): _____

Date of Birth: _____ **Gender:** Male Female

I Live Alone: Yes No

I am a Veteran: Yes No

Marital Status: Married Single Widowed Divorced Separated

Race/Ethnic Origin: White (Non-Hispanic) White (Hispanic) Asian

American Indian/Native Alaskan Black/African American Native Hawaiian/Pacific Islander

Mailing Address: _____

(City, State, Zip): _____

Physical Address: _____

(if different)

(City, State, Zip): _____

Phone Number: _____ Mobile Home Work

E-Mail Address: _____

Emergency Contact: _____

Relationship: _____

Phone Number: _____ Mobile Home Work

Which days would you like to receive your meals and how many would you like?

Mondays Quantity: _____

Tuesdays Quantity: _____

Wednesdays Quantity: _____ Sack Lunch Wednesdays Quantity: _____

Fridays Quantity: _____ Sack Lunch Fridays Quantity: _____

Select one of the following if you are under the age of 60:

- Spouse of participant who is 60 or older
- Person with a disability living with someone who is 60 or older
- Person providing volunteer services during mealtimes
- Person residing in a housing facility where congregate meals are served

Number of Household Members: _____ **Estimated Annual Household Income:** \$ _____

DETERMINE YOUR NUTRITIONAL HEALTH

The Warning Signs of poor nutritional health are often overlooked. Use this Checklist to find out if you or someone you know is at nutritional risk. Read the statements below. Circle the number in the "yes" column for those that apply to you or someone you know. For each "yes" answer, score the number in the box. Total your nutritional score.

Nutrition Statement	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits and vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over the counter medications per day.	1
Without wanting to, I have lost or gained 10 or more pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL YOUR NUTRITION SCORE	

TOTAL YOUR NUTRITION SCORE

0-2	Good! Re-check your nutritional score in 6 months.
3-5	You are at a moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your Office on Aging, The Senior Connection, or the Health Department can help. Re-check your nutritional score in 3 months.
6+	You are high nutritional risk. Bring this checklist the next time you see your doctor or other qualified dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask them for help to improve your nutritional health.

These nutritional health materials are developed and distributed by the Nutrition Screening Initiative, a project of: AMERICAN ACADEMY OF FAMILY PHYSICIANS, THE AMERICAN DIETETIC ASSOCIATION and THE NATIONAL COUNCIL ON AGING, Inc.

Tell us what other services or programs you might be interested in (check all that might apply)

<input type="checkbox"/> Fall Prevention <input type="checkbox"/> Art Classes <input type="checkbox"/> Blood Pressure Check <input type="checkbox"/> Fitness Center <input type="checkbox"/> Field Trips <input type="checkbox"/> Foot Care	<input type="checkbox"/> Fitness Classes <input type="checkbox"/> Games/Activities <input type="checkbox"/> Hearing Screening <input type="checkbox"/> Transportation <input type="checkbox"/> Senior Games <input type="checkbox"/> Memory/Day Care and Respite Program	<input type="checkbox"/> Home – Light Housekeeping <input type="checkbox"/> Home – Personal Care <input type="checkbox"/> Educational Presentations <input type="checkbox"/> Volunteering <input type="checkbox"/> Other: _____ _____
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How would you like to receive more information on these services and programs? (circle one)

Phone

Mail

E-mail



Meals-On-Wheels Policy Acknowledgment & Payment Authorization

# Lunches	Weekly	Monthly
2	\$10.00	\$40.00
3	\$15.00	\$60.00
4	\$20.00	\$80.00
5	\$25.00	\$100.00
6	\$30.00	\$120.00
7	\$35.00	\$140.00
8	\$40.00	\$160.00

Both warm and sack lunches cost \$5.00 each.

Select a monthly payment method below:

Skip payment for now & request a scholarship form!

Mailed Invoice

Full payment is due within 30 days of the invoice date. Program or service may be suspended, and a finance charge applied with any unpaid balance.

Same address as above

Mailing Address: _____

Checking/Savings Account Charge

Name On Account: _____

Bank Routing Number: _____

Bank Account Number: _____

Send me a monthly receipt

Credit/Debit Card Charge

Name on Card: _____

Card Number: _____

Expiration Date: _____ CSV: _____

Billing Address: _____ Same as above

Card Type: Visa Mastercard American Express Discover

Send me a monthly receipt

By my signature below, I acknowledge I have received and read The Senior Connection’s **Meals On Wheels Policy** and I have been given an adequate opportunity to ask questions and receive clarification of any area of the policies and procedures. I agree to abide by the provisions outlined in The Senior Connection’s Meals On Wheels Policy and I understand that failure to do so may result in termination of services.

Client signature: _____

Printed name: _____ Date: _____

I authorize **The Senior Connection** to charge my checking/savings account or credit card/debit card for Transportation Services. My account or card will be charged during the billing period and the charge will appear on my statement. I agree that no prior notification will be provided unless the terms or amount change. I agree to notify The Senior Connection in writing with any account information changes or termination requests 15 days prior to the next billing date. Should any charge not be honored by my financial institution, I understand that it is still my responsibility to make payments for all fees due, including any late fees or fees not covered by the financial institution.

ACCOUNT HOLDER SIGNATURE

DATE