



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 can 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 the 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?

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

Meals-On-Wheels Coordinator, Molly Green
(208) 727-7198

molly@seniorconnectionidaho.org



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: _____



Meals-On-Wheels Policy Acknowledgment & Payment Authorization

# Lunches	Weekly	Monthly
2	\$12.00	\$48.00
3	\$18.00	\$72.00
4	\$24.00	\$96.00
5	\$30.00	\$120.00
6	\$36.00	\$144.00
7	\$42.00	\$168.00
8	\$48.00	\$192.00

Both warm and sack lunches cost \$6.00 each.

Select a monthly payment method below:

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.

Skip payment for now & request a scholarship form!

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