

Meals-On-Wheels Registration Form

WELCOME - WE ARE GLAD YOU ARE HERE!

Participant Name:	
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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.

- o 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
- o 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



MEALS-ON-WHEELS REGISTRATION FORM

PARTICIPANT IN	FORMATION				
Name (First, Midd	dle Initial, Last):				
Date of Birth:			Gen	der: □ Ma	ale 🗆 Fema
I Live Alone: □	l Yes □ No	I am a Veteran: □	Yes □ No)	
Marital Status:	☐ Married ☐ Sin	ngle □ Widowed □ Divorce	d □ Separ	ated.	
Race/Ethnic Ori	gin: □ White (Non-	Hispanic) ☐ White (Hispanic)	□ Asian		
☐ American Inc	dian/Native Alaskan	☐ Black/African American ☐	Native Hawa	iian/Pacific I	slander
Mailing Address	5:				
(City, State, Zip)):				
Physical Addres (if different)	S:				
` '	n):				
(5.0), 5000, 2.0	,-				
Dhana Numbari			- Mobile	☐ Home	□ Work
Phone Number.	•			— ноппе	□ WOIK
E-Mail Address:					
Emergency Cont	tact:				
Relationship:					
Phone Number:	:		⊓ Mobile	□ Home	□ Work
Which davs woul	d vou like to receive v	your meals and how many would you	u like?		
☐ Mondays	Quantity:	•	-		
☐ Tuesdays	Quantity:				
☐ Wednesdays	Quantity:	□ Sack Lunch Wednesdays	Quantity: _		
□ Fridays	Quantity:	☐ Sack Lunch Fridays	Quantity:		

Select	one of the following if you a	are under the age of 60:	
□ Spou	use of participant who is 60 or o	older.	
□ Pers	on with a disability living with s	someone who is 60 or older	
□ Pers	on providing volunteer services	s during mealtimes	
□ Perso	on residing in a housing facility	where congregate meals are served	
Number	of Household Members:	Estimated Annual Household Income: \$	
DETER	MINE YOUR NUTRITIONAL H	HEALTH	
know is	at nutritional risk. Read the st	health are often overlooked. Use this Checklist to find out if you or some atements below. Circle the number in the "yes" column for those that ap answer, score the number in the box. Total your nutritional score.	•
		Nutrition Statement	YES
I have a	an illness or condition that mad	de me change the kind and/or amount of food I eat.	2
I eat fe	wer than 2 meals per day.		3
I eat a	few fruits and vegetables or mi	lk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.			2
I have t	ooth or mouth problems that i	make it hard for me to eat.	2
I don't	always have enough money to	buy the food I need.	4
I eat al	one most of the time.		1
I take 3	or more different prescribed of	or over the counter medications per day.	1
Withou	it wanting to, I have lost or gair	ned 10 or more pounds in the last 6 months.	2
I am no	ot always physically able to sho	p, cook and/or feed myself.	2
		TOTAL YOUR NUTRITION SCORE	
TOTAL	YOUR NUTRITION SCORE		
0-2	Good! Re-check your nutritional sc	ore in 6 months.	
		k. See what can be done to improve your eating habits and lifestyle. Your Office the Department can help. Re-check your nutritional score in 3 months.	on Aging,
q		ring this checklist the next time you see your doctor or other qualified dietitian of offessional. Talk with them about any problems you may have. Ask them for help	
AMERICA	AN ACADEMY OF FAMILY PHYSICIANS,	ed and distributed by the Nutrition Screening Initiative, a project of: THE AMREICAN DIETETIC ASSOCIATION and THE NATIONAL COUNCIL ON AGING, Inc.	
ieli us w	Tall Prevention	s you might be interested in (check all that might apply) Fitness Classes Home – Light Housekeeping	
	Art Classes	Games/Activities Home – Personal Care	
	Blood Pressure Check	Hearing Screening Educational Presentations	
	Fitness Center	Transportation Volunteering	
	Field Trips	Senior Games Other:	
	Foot Care	Memory/Day Care and	
		Respite Program	

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	\$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: Usa Mastercard American Express Discover
\square Send me a monthly receipt.
☐ Skip payment for now & request a scholarship form!

have been given an adequate opportunity to ask questions procedures. I agree to abide by the provisions outlined in Tunderstand that failure to do so may result in termination of	he Senior Connection's Meals on Wheels Policy and I
Client signature:	
Printed name:	Date:
I authorize The Senior Connection to charge my checking/s Services. My account or card will be charged during the billing agree that no prior notification will be provided unless the Connection in writing with any account information change date. Should any charge not be honored by my financial instruments for all fees due, including any late fees or fees not	ing period and the charge will appear on my statement. I terms or amount change. I agree to notify The Senior is or termination requests 15 days prior to the next billing titution, I understand that it is still my responsibility to make
ACCOUNT HOLDER SIGNATURE	DATE

By my signature below, I acknowledge I have received and read The Senior Connection's Meals on Wheels Policy and I