Meals-On-Wheels Registration Form

WELCOME – WE ARE GLAD YOU ARE HERE!

Participant Name: _____

How does the program work?

We deliver fresh, nutritious lunches four days a week, with the option of adding a sack lunch on non-delivery days. The program is fully customizable — choose the days you want meals, select based on the menu, or order multiple meals per day.
Warm meal delivery days are Monday, Tuesday, Wednesday, and Friday.
You may cancel or skip days at any time with no hassle.

Our volunteer drivers bring more than a meal — they bring a familiar face, a quick check-in, and a warm smile. Many participants look forward to these friendly visits just as much as the food.

Am I eligible to sign up?

Most participants meet one or more of the following criteria, though every application is reviewed individually:

- Age 60+, or younger adults living with disabilities
- Individuals who have difficulty preparing meals due to physical or cognitive limitations
- Low-income individuals who may qualify for partial or full scholarship support
- Adults who live alone and do not have someone available to prepare meals regularly

What types of meals are offered?

Each delivery includes a warm plate with an entrée and two sides, a cold plate with salad, fruit, and dessert, and an optional sack lunch with a frozen meal or sandwich, fruit, chips, and a cookie.

Monthly menus are available on our website, in our newsletter, or at the front desk.

When are the meals delivered?

Meals are delivered by our trained volunteers — often in our Meals-on-Wheels vans that keep food warm during transport. Delivery window: 11:30 AM – 2:30 PM

Do you cater to allergies or dietary restrictions?

At this time, we are unable to customize meals for individual dietary needs. Meals may contain animal products, gluten, lactose, tree nuts, and shellfish.

Meal Prices and Suggested Donation:

The Senior Connection is committed to serving nutritious meals made with fresh ingredients. Each meal costs an average of **$24.69** and is made possible through generous private donations, private pay, and state and federal funding. The prices are to help offset our costs.

Thank you for helping us nourish our community!

Programs@seniorconnectionidaho.org

Senior Center Name: The Senior Connection

Nutrition Program Meals-on-Wheels Registration Form

The Meals-on-Wheels program is funded through private donations, as well as state and federal support. Participants receiving this service are asked to complete this registration form along with the nutritional survey on the back. This information helps the Idaho Commission on Aging and your local Area Agency on Aging better understand the nutrition needs in our community and supports the development of a comprehensive network of services for seniors.

PLEASE COMPLETE ALL FIELDS IN THIS BOX

Last Name _____ First Name _____ Middle Initial or Nickname _____

Address _____ City _____

E-Mail Address _____ Zip Code _____

Telephone Number _____ Date of Birth _____/_____/_____

If you are under 60:

☐Spouse of participant over 60
☐Person with disability living with someone over 60
☐Volunteering during mealtime under 60
☐Person residing in a housing facility where Congregate Meals are served

Attestation of Lawful Presence in the United States:

Under penalty of perjury, the consumer attests to being a United States citizen, or legal permanent resident, or is otherwise lawfully present in the United States pursuant to federal law.

Date of Consumer attestation: _____

Demographic Information:

Marital Status: ☐Married ☐Single ☐Widowed ☐Divorced

Living alone: ☐Yes ☐No Gender: ☐Male ☐Female Veteran: ☐Yes ☐No

Number of household members: _____

Estimated Annual Household Income: $_____

Ethnicity: ☐ Hispanic or Latino ☐Not Hispanic or Latino

Race: ☐American Indian or Alaska Native ☐Asian or Asian American ☐White

☐Black or African American ☐Native Hawaiian or Pacific Islander

Emergency Contact: _____ Phone Number: _____

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, total the numbers in the box. Total your nutritional score.	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 or 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 drugs a day.	1
Without wanting to, I have lost or gained 10 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 and if it is:

0-2: Good! Re-check your nutritional score every 2 years or sooner, if things change.

3-5: You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle.

6 or more: If you are at risk and would like to benefit from free nutrition counselling, please contact your meal site coordinator, who will refer you to a qualified Dietitian.

Consumer Signature: _____ Date: _____

Remember that Warning Signs suggest risk, but do not represent a diagnosis of any condition.
These materials are developed and distributed by the Nutrition Screening Initiative, a project of:

AMERICAN ACADEMY OF FAMILY PHYSICIANS THE AMERICAN, National Council on Aging, The American Dietetic Association

For Meal-site only: Meal-site's name:
For AAA only: Fax number: _____ **Email: _____** **Fax or email completed form by the _ of each month.**

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	$16.00	$64.00
3	$24.00	$96.00
4	$32.00	$128.00
5	$40.00	$160.00
6	$48.00	$192.00
7	$56.00	$224.00
8	$64.00	$256.00

Both warm and sack lunches cost $8.00 each; scholarships are available for those in need.

Select a monthly payment method below:

☐ **Mailed Invoice**

Full payment is due within 30 days of the invoice date. The program or service may be suspended, and a finance charge may be applied to 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 of any account information changes or termination requests 15 days before 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

RELEASE, INDEMNITY, WAIVER, AND ASSUMPTION OF RISK

In consideration of the Blaine County Seniors' Council Inc., an Idaho non-profit corporation, d.b.a., "The Senior Connection", their principals, agents, members, employees, affiliates, owners, and equipment suppliers, hereinafter referred to as "The Senior Connection," allowing you as "the Participant," to utilize facilities, equipment and to participate in assorting recreational and associated sporting activities, it is agreed that:

1) ASSUMPTION OF RISK

The participant is fully aware that recreational activities in general and all associated activities is a calculated risk sport and contain inherent risks and dangers, including serious injury or death. The Participant knows the scope, nature, and extent of the risks involved in the activities contemplated by this agreement. The Participant voluntarily and freely chooses to incur any and all such risks and dangers.

2) EXEMPTION FROM LIABILITY

The Participant hereby fully and forever discharges and releases The Senior Connection and owners of land used for all activities from all and any liability, claims, demands, actions, and causes of action arising out of any damages, both in law and equity, in any way resulting from personal injuries, conscious suffering, death, property damages sustained by the Participant arising out of such activities, or while participating in any of the activities contemplated by this release. Exemption from liability includes loss, damage, or injury resulting from the negligence of The Owner or any other cause or causes.

3) COVENANT NOT TO SUE

The Participant agrees, for him/her self and his/her heirs, executors, or administrators, not to institute any suit or action at law, or otherwise, against The Senior Connection, employees, instructors, successors, or assigns, nor to initiate or assist the prosecution of any claims for damages or course of action which the Participant, his/her heirs, executors, or administrators hereafter may have by reason of injury to the person of the Participant or his/her property arising from the activities contemplated by this agreement.

4) INDEMNITY AGREEMENT

The Participant agrees, for him/her self and his/her heirs, executors, administrators, or assigns, to indemnify and hold harmless The Senior Connection, employees, instructors, successors, or assigns from any and all losses, claims, actions, or proceedings of any kind which may be initiated by the Participant and/or any other person or organization. This includes reimbursement of all legal costs and reasonable counsel fee incurred by the Participant, The Owner, all affiliates and indemnified parties, or any of them, for the defense of any such action which may hereafter arise directly or indirectly from the activities of the Participant while engaged in the activities contemplated by this agreement.

5) CONTINUATION OF OBLIGATION

The Participant agrees and acknowledges that the terms and conditions of the above provisions, including ASSUMPTION OF RISK, EXEMPTION FROM LIABILITY, COVENANT NOT TO SUE, and INDEMNITY AGREEMENT shall continue in full force and effect at all times and shall be binding upon heirs, executors, administrators or assigns of his/her estate.

6) The Senior Connection DOES NOT PROVIDE ANY INSURANCE, EITHER MEDICAL OR LIABILITY, FOR ANY INCIDENT WHICH MAY ARISE AS A RESULT OF PARTICIPATION IN ANY RECREATIONAL ACTIVITY.

7) HEALTH AND FITNESS FOR RECREATIONAL ACTIVITY

Any athletic, recreational, or sporting activity may be a strenuous physical and/or mental activity. We recommend a complete physical examination prior to doing so.

8) THE PARTICIPANT EXPRESSLY RECOGNIZES THAT THIS AGREEMENT AND RELEASE OF LIABILITY IS A BINDING CONTRACT PURSUANT TO WHICH HE/SHE HAS RELEASED ALL CLAIMS AGAINST THE RELEASED PARTIES RESULTING FROM PARTICIPATING IN SENIOR CONNECTION RECREATIONAL ACTIVITIES

9) CONSENT TO USE OF PHOTOS AND RECORDINGS AND RELEASE OF LIABILITY THERETO

I hereby give my consent and absolute right and permission to the Senior Connection to copyright and/or publish or use, at their sole discretion, photos of me, or in which I may be included in whole or in part or in my own without compensation to me. My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education, and legitimate business uses. Use includes reproductions in any form and media, adaptation and/or revisions, throughout the world and forever. I hereby release, discharge and agree to hold the Released Party harmless from and against any liability.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF THE ABOVE LIABILITY, FULLY UNDERSTAND ITS CONTENTS AND IMPLICATIONS, AND SIGN IT OF MY OWN FREE WILL.

CLEARLY PRINT YOUR NAME_____

Signature_____Date_____