APPLICATION FOR MEALS ON WHEELS

Whittier Meals on Wheels, Inc.

P.O. Box 733, Whittier, CA 90608

562-567-9477

9:00 am to 1:00 pm M-F

Client #	
Route #	
Rec'd	$
Check #	
Start Date	

Client Name **Phone**

Address

Date of Birth **Age**

Live Alone? **If no, who do you live with?** **Do they drive?**

Physician **Phone**

Contacts **Name and Relationship**

1.	**Primary Phone**	
	Other Phone	
2.	**Primary Phone**	
	Other Phone	

Why are home delivered meals needed?

Drink (circle one): **Milk and Juice** **No Milk (Juice Only)**

BILL TO:

	IN	OUT	IN	OUT
Routing				
Billing				
Birthday				
Client Info				

KEEP FOR YOUR RECORDS

WHITTIER MEALS ON WHEELS
P.O. BOX 733, WHITTIER, CA 90608 (562) 567-9477
HOURS: Monday through Friday 9 am to 1 pm

I WISH TO HAVE THE MEALS ON WHEELS SERVICE, AND I AGREE TO THE FOLLOWING:

1. Make sure volunteers are easily able to get to my door. Be home and available to receive the meals upon delivery (10:00 am to 12:00 pm). In the event I will not be home or available, I will provide a cooler or insulated container with a lid in which the meals can be placed. If not, I will still pay for the meals, which will be returned to the office for their disposal.

2. **Pay for all meals in advance monthly by the 5th**, after the initial 10 days. (Presbyterian Hospital requires payment for all meals by the last day of the month, therefore payments need to be received before the end of that service month.) Any accounts with PAST DUE balances, will have their meals terminated 3 days after delinquency.

3. Information regarding changes to meal delivery must be given to the Meals on Wheels office no later than 11:15 am the day before. If I want to cancel for a Monday, for instance, the cancellation must be made on the Friday before by 11:15 am.

4. To SKIP a meal for a day or two, the information will be given to the Meals on Wheels office no later than 11:15 the day before. If I want to cancel for a Monday, for instance, the cancellation must be made on the Friday before, by 11:15. There will be **NO** exceptions to this policy.

5. I understand that if I cancel/skip meals frequently, my meal service may be discontinued.

6. I understand that WMOW service will be discontinued upon my request, AFTER THE INITIAL TWO WEEK PERIOD (see below), or if I no longer fit the eligibility requirements (**i.e., DRIVER IN THE HOUSE**). WMOW by-laws require restricting the services to those who live alone and are **home-bound** due to illness, accidents, convalescence, or otherwise not capable of preparing their own meals **or getting food into the home**. * **All client eligibility is subject to review by the board at any time.** In such event, the money I paid in advance will be refunded on a pro-rated basis.

7. I understand that all food served should be consumed ON THE DAY OF DELIVERY and LEFTOVERS SHOULD BE DISPOSED OF.

8. I understand that it is necessary for me to have a working refrigerator in which to place the evening meal and sufficient food on hand for meals over weekends and for holidays.

9. I understand there are no SPECIAL or ALLERGY diets. I will only eat what I am allowed to have.

NOTE: DUE TO THE AMOUNT OF TIME AND PAPERWORK INVOLVED IN STARTING A NEW CLIENT, IT IS MEALS ON WHEELS POLICY TO REQUIRE PAY FOR 2 WEEKS (10 DELIVERIES) IN ADVANCE. **THIS AMOUNT IS NON-REFUNDABLE**.

DATE: _____ SIGNED: _____

PAID: $_____ CHECK: #_____ or CASH: _____

SERVICE TO BEGIN: _____ MEALS ON WHEELS WITNESS: _____

RETURN WITH APPLICATION

WHITTIER MEALS ON WHEELS
P.O. BOX 733, WHITTIER, CA 90608 (562) 567-9477
HOURS: Monday through Friday 9 am to 1 pm

I WISH TO HAVE THE MEALS ON WHEELS SERVICE, AND I AGREE TO THE FOLLOWING:

1. Make sure volunteers are easily able to get to my door. Be home and available to receive the meals upon delivery (10:00 am to 12:00 pm). In the event I will not be home or available, I will provide a cooler or insulated container with a lid in which the meals can be placed. If not, I will still pay for the meals, which will be returned to the office for their disposal.

2. **Pay for all meals in advance monthly by the 5th**, after the initial 10 days. (Presbyterian Hospital requires payment for all meals by the last day of the month, therefore payments need to be received before the end of that service month.) Any accounts with PAST DUE balances, will have their meals terminated 3 days after delinquency.

3. Information regarding changes to meal delivery must be given to the Meals on Wheels office no later than 11:15 am the day before. If I want to cancel for a Monday, for instance, the cancellation must be made on the Friday before by 11:15 am.

4. To SKIP a meal for a day or two, the information will be given to the Meals on Wheels office no later than 11:15 the day before. If I want to cancel for a Monday, for instance, the cancellation must be made on the Friday before, by 11:15. There will be **NO** exceptions to this policy.

5. I understand that if I cancel/skip meals frequently, my meal service may be discontinued.

6. I understand that WMOW service will be discontinued upon my request, AFTER THE INITIAL TWO WEEK PERIOD (see below), or if I no longer fit the eligibility requirements (**i.e., DRIVER IN THE HOUSE**). WMOW by-laws require restricting the services to those who live alone and are **home-bound** due to illness, accidents, convalescence, or otherwise not capable of preparing their own meals **or getting food into the home**. * **All client eligibility is subject to review by the board at any time.** In such event, the money I paid in advance will be refunded on a pro-rated basis.

7. I understand that all food served should be consumed ON THE DAY OF DELIVERY and LEFTOVERS SHOULD BE DISPOSED OF.

8. I understand that it is necessary for me to have a working refrigerator in which to place the evening meal and sufficient food on hand for meals over weekends and for holidays.

9. I understand there are no SPECIAL or ALLERGY diets. I will only eat what I am allowed to have.

NOTE: DUE TO THE AMOUNT OF TIME AND PAPERWORK INVOLVED IN STARTING A NEW CLIENT, IT IS MEALS ON WHEELS POLICY TO REQUIRE PAY FOR 2 WEEKS (10 DELIVERIES) IN ADVANCE. **THIS AMOUNT IS NON-REFUNDABLE**.

DATE: _____ SIGNED: _____

PAID: $_____ CHECK: #_____ or CASH: _____

SERVICE TO BEGIN: _____ MEALS ON WHEELS WITNESS: _____