



Welcome to Meals on Wheels North Jersey

### Eligibility Criteria

- A client must **live alone** and cannot shop and cook for themselves. make an exception for couples.
- Clients are homebound due to age or disability. They **no longer drive** and **cannot go to the store for themselves** or have a home health aide more than 4 hours a day.
- **A doctor's referral specifying diet and need may also be necessary** (the doctor's office can fax it to us, 201-358-0010).

Monday through Friday, volunteers pick up the prepared food from one of our four kitchens and using their own vehicles, gas and time, deliver two full meals to each client. For maximum quality we suggest that the hot meal be eaten when delivered, and save the sandwich for the evening meal.

**The client is responsible for proper storage of the food once delivered. Any food not eaten should be refrigerated immediately.**

**If you must be out at the time the food is delivered, please call the office the day before and let us know so that we can alert the driver. We are no longer able to leave meals outside in coolers when clients are not home.** In addition, our volunteers are not permitted to give medications or to move clients.

The cost is **\$7.35 per day for two (2) full meals or \$5.50 per day for one (1) hot meal. There is a two week minimum for our service. If you require consideration for subsidized meals, they are available for a minimal donation.**

Due to the increasing demand for these services, space in our program is limited. **Please be advised that if you suspend services for more than 30 consecutive delivery days, there may no longer be availability on your assigned route.** In this case, we would place you on a waiting list for services.

**Invoices are sent out the first week of each month for the previous month's meals.** There is an expectation of payment for our service. Please understand that the meals can be discontinued if we do not receive payment. **PLEASE give us 24 hours notice if you will not be home to accept a meal.** You can call our main office at (201) 358-0050 anytime, day or night, and leave your message. Please state your name clearly along with your address or route number.

### **MEALS ARE NOT DELIVERED ON THE FOLLOWING HOLIDAYS:**

New Year's Day, President's Day, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving and Christmas.

100 Madison Avenue, Suite 3  
Westwood, New Jersey 07675  
(201) 358-0050 main (201) 358-0010 fax  
[www.mealsonwheelsnorthjersey.org](http://www.mealsonwheelsnorthjersey.org)

Client Application

Meals on Wheels North Jersey  
 100 Madison Ave. Suite 3 Westwood, NJ 07675  
 201-358-0050 201-358-0010fax [www.mealsonwheelsnorthjersey.org](http://www.mealsonwheelsnorthjersey.org) Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency-Contact:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Doctor's Name and Phone Number \_\_\_\_\_

**Delivery Days for Meals** (available Mon-Fri)  Mon  Tues  Wed  Thurs  Fri  Mon-Fri

The cost for two (2) meals per day is \$7.35. The cost for one (1) hot meal per day is \$5.50

Reason(s) Meals on Wheels is needed: \_\_\_\_\_

**Diet:**  Regular  Special needs, (please explain, i.e. Diabetic, low salt, low fat, etc.)

Milk preference (Check one)  Skim  2%  Lactaid  No milk

**Food allergies or dislikes:** \_\_\_\_\_

Directions to home: \_\_\_\_\_

Send bill to: \_\_\_\_\_

**TIMELY PAYMENT IS REQUIRED TO MAINTAIN SERVICES.** \*\*Resumption of service is not guaranteed if off the program for more than 30 consecutive days as space is limited.

**The following information is requested to ensure equal opportunity service**

Ethnicity (check one)  White  Black  Hispanic  Asian American/Pacific  American Indian  Other

Marital Status (check one)  Married  Single  Divorced  Widowed

Income level Family of 1:  \$0 - \$12,060  \$12,061 - \$18,400  \$18,401 - \$30,650  Over \$30,650

Income level Family of 2:  \$0 - \$16,240  \$16,241 - \$21,000  \$21,001 - \$35,000  Over \$35,000

**Veteran of US Armed Service?**  Yes  No

Do you live alone?  Yes  No

Are you currently on PAAD? (*pharmaceutical assistance for the aged & disabled*)  Yes  No

Are you interested in receiving information on Bergen County's Wellness Program?  Yes  No

**Are you interested in learning about our Friendly Visitor Program?**  Yes  No

**Are you in need of incontinence products?**  Yes  No

*By signing below, I certify that the above is accurate to the best of my knowledge.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Meals on Wheels North Jersey  
100 Madison Ave. Suite 3  
Westwood, NJ 07675

Office: 201-358-0050 Fax: 201-358-0010  
[www.mealsonwheelsnorthjersey.org](http://www.mealsonwheelsnorthjersey.org)

**Authorization to Release Information**

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

By my signature below, I am authorizing the release, exchange of pertinent social, psychological, medical and/or other information for the purpose of making a referral to the proper authorities in case of local disaster or emergency. This release of information is for disaster and emergency preparedness, and to comply with department of Senior Services reporting, in order to better serve the needs of immobile or restricted residents.

I understand that my records are protected under Federal and State Confidentiality Regulations and cannot be disclosed without written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time and that this consent expires automatically if I terminate my participation with Meals on Wheels North Jersey.

I, \_\_\_\_\_, agree to hold harmless Meals on Wheels North Jersey, from any and all claims that may be filed in equity or law from improper acts, improper omissions or negligence of others during the performance of this agreement.

---

**I HAVE VOLUNTARILY AUTHORIZED THIS RELEASE OF INFORMATION**

\_\_\_\_\_  
Signature of Consumers/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

In compliance with Federal Privacy Act (PD930575) Federal Regulation (42CFR- Part 2), and State Laws and Regulations Administrative Order 20, NJSA 30:4-24.3 and NJSA 9:6-8,102).