



Welcome to Meals on Wheels North Jersey

COVID-19 Meal Services Application

This application is valid for services during the Coronavirus pandemic only.

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).

Meals come frozen, therefore **the client must be present for delivery** and is responsible for proper storage of the food once delivered. To comply with social distancing directives, please leave a chair or small table on your porch or in your front door area so that the meal package can be left there by our volunteer.

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 make alternate arrangements. We are not able to leave meals if you are not home.

The cost is **\$25.00 per week for 5 meals.**

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 4th, Labor Day, Thanksgiving and Christmas.

Client Application

Meals on Wheels North Jersey
 100 Madison Ave. Suite 3 Westwood, NJ 07675
 201-358-0050 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: At this time, we are making deliveries once per week. We will deliver 5 days-worth of meals every Monday.

The cost for 5 frozen meals is **\$25 per week**.

Reason(s) Meals on Wheels is needed: _____

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 14 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
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).

Forms: MOW Authorization 4/14
Revised 6/20