



Welcome to Meals on Wheels North Jersey

Eligibility Criteria

- A client must **live alone** and cannot shop and cook for themselves. We 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.** They cannot 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 food prepared out of one of our two 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 deposit required for all new clients: \$100 for our one meal program, \$150 for our two meal program).** If you wish to be considered for subsidy assistance, an in-home assessment is required. **The deposit fee is waived for those clients approved for subsidy assistance.*

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 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 phone us 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.

100 Madison Avenue, Suite 3
Westwood, New Jersey 07675
(201) 358-0050 main (201) 358-0010 fax
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 Today's Date: _____

Name: _____ Birth Date: _____

Address: _____ Town _____ ZIP: _____

Phone: Home _____ Cell _____

Emergency - Contact: (required)

Name _____ Relationship: _____

Phone: Home _____ Cell _____ 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 - \$12,490 \$12,491 - \$18,400 \$18,401 - \$30,650 Over \$30,650

Income level Family of 2: \$0 - \$16,910 \$16,911 - \$21,000 \$21,001 - \$35,000 Over \$35,000

I understand that a refundable deposit is required in order to begin services*. Yes No

*deposit is waived for clients approved for subsidy assistance.

___ \$100 deposit required for one (1) Meal Services ___ \$150 deposit required for two (2) Meal Services

*Please make deposit checks out to: Pascack Valley Meals on Wheels

Do you live alone? Yes No Do you have any pets? Yes No (Dog Cat)

Veteran of US Armed Service? 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 our "Friendly Visitor" program? Yes No

Are you in need of incontinence products? Yes No If yes, what size? Sm Med Lg XL

By signing below, I certify that the above is accurate to the best of my knowledge and that I acknowledge that payments are required to maintain services.

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

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: 3/19