



Meals on Wheels Client Application



General Information

Cost: \$10.00 Application fee.
\$7.50 per client per day. Price ranges from \$150.00 to \$165.00 per month.
If your income is less than \$1,580 a month, please call! Limited assistance is available. [We do not accept insurance.

Meals Provided: Lunch time hot meal containing an entrée, vegetable, milk, dessert or fruit, and bread. Evening cold sack dinner containing a sandwich, salad, dessert or fruit, juice or milk. Condiments are not provided. Weekend meals: 1 or 2 extra entrees.

Minimum Service: Clients must stay on our service for at least ten business days and a minimum of two days per week.

Prescription: We must have an Rx from your doctor on prescription pad, even if it is for a regular diet. This can be faxed directly to a secure fax at the hospital 317-468-4822. Please have your doctor fax attention to Meals on Wheels.

Meal Delivery Time: Approximately 11:00 am to 1:00 pm Monday through Friday only. If you know that you will not be home during meal delivery, you have the following options:

- Leave a cooler by the door and the volunteer will place your meal in the cooler so that it will be available for you when you return. If a cooler is out, we will assume you are okay and your emergency contact will not be called.
- Call to cancel by noon the previous business day and you will receive a credit on next bill.
- Call to cancel by 10:30 a.m. the day of and delivery will be stopped but you will be charged for meal. If you do not call to cancel at all, your emergency contact will be called.

Payments: We bill a month in advance. You will receive a monthly statement at the beginning of each month. Balance of current month due at start up (i.e., client starts on Monday the 15th of the month, we would request 12 – 13 days of payment for a Mon-Fri client). We do not accept insurance.

Return all forms: Meals on Wheels of Hancock County
1133 W. Main St., Ste. C
Greenfield, IN. 46140
(317) 477-4345
RX Fax: (317) 468-4822
Email: info@mealsonwheelsonline.org

If you have any questions please contact us at the number or email provided above.

CLIENT DELINQUENT ACCOUNT POLICY

To help minimize client delinquent accounts, the following procedure must be followed to ensure consistent & fair practice.

1. All private pay clients are billed monthly, in advance, for meal service. The bill is due upon receipt.
2. If the bill is unpaid as of the 10th of the month, the account is considered delinquent.
3. Any unpaid fees will appear as a previous balance on subsequent monthly billings.
4. A 30-day late notice will be attached to the monthly bills of any client with a previous balance.
5. Established clients will receive a delinquent letter if payment is not made by the 5th of the month. The letter will be sent to the client and the payer (if other than the client).
6. For established clients, payment must be in by the 10th of the month. If no payment has been made by the 10th, the meal service will be canceled temporarily until the account is made current.
7. For new clients, a delinquent letter will be sent to the payer and client (if payer other than client) if payment has not been made within 20 days of service.
8. If a new client has not made a payment within 30 days of service, meals will be canceled temporarily until payment is made in full.
9. If a client cannot pay the amount due, they must contact the designated Meals on Wheels representative to make payment arrangements.
10. For established clients, the minimum payment arrangement is to pay the 30 day delinquent amount. New clients must pay the 30-day balance in full.
11. Payment arrangement can only be made with the client, payer or emergency contact.
12. If the client indicates difficulty with monthly payments, the client will be given all information available for financial assistance available in the community and an opportunity to make arrangements to pay the bill in full.
13. To ensure that participating clients are maintaining their payment arrangements, their accounts will be monitored and updated as necessary.

MEALS ON WHEELS HOLIDAYS 2018

We will **NOT** deliver meals on the following days:

Memorial Day	Monday, May 28 th
Independence Day	Wednesday, July 4 th
Labor Day	Monday, September 3 rd
Thanksgiving Weekend	Thursday & Friday, November 22 nd & 23 rd
Christmas Eve	Monday, December 24 th
Christmas Day	Tuesday, December 25 th
New Year's Day	Tuesday, January 1 st , 2019

Weather Policy:

Typically, if Greenfield Central School Corporation closes for weather-related reasons, we will not deliver meals. However, this is just a guideline. If our office is closed, we will post our closing notification on WTHR, WRTV and WISHTV. We recommend that you have at least two days of non-perishable food on hand in case of an emergency.



POLICY MANUAL
MEALS ON WHEELS OF HANCOCK COUNTY

POLICY # 12

TITLE: CONFIDENTIALITY AND RELEASE OF INFO.

EFFECTIVE DATE: 01-27-04

PURPOSE: To insure the confidentiality of all client records and to provide for an orderly procedure for release of information when requested by the client.

POLICY: All client information will be considered confidential unless that information is requested by a law enforcement agency or court with a properly executed subpoena. In cases where a client requests that his or her information be released we will require the client sign a Release of Information form (attached). When the client is unresponsive and Meals on Wheels may have medical information of relevance to the emergency treatment agents we may give that information to the medical professional for use in the emergency treatment. This confidentiality policy and its limits shall be given to the prospective client at the time of their signing up for services with Meals on Wheels of Hancock County.

PROCEDURES: During the initial visit with a prospective client the employee will give the prospective client a copy of this confidentiality policy and will explain the limits of confidentiality. When a client wishes to have our agency release information (with the above exceptions) to another agency or individual the client will be given a Release of Information form to complete and sign in the presence of a witness.



Policy Manual
Meals on Wheels of Hancock County
Policy #25
Title: Client and Volunteer Grievance Policy
Effective Date: 03/23/11

CLIENT AND VOLUNTEER GRIEVANCE PROCEDURE

1. The Client or Volunteer with a complaint or grievance is directed to contact the Executive Director.
2. The Director will document the complaint.
3. The Director will discuss with the staff person or participant and document the details of the situation that prompted the complaint. Supervisory staff may also be consulted.
4. Consideration will be made concerning policy, if the complaint is about a policy.
5. The Director will make decisions to resolve the issue. Details of discussion or action taken will be in writing. The Agency will retain a copy on file for 5 years.
6. Decisions will be communicated to the involved parties, either verbally or in writing as is appropriate.
7. The Director has the option to consult with committee members or other appropriate individual, if he/she deems necessary.

****Please complete this form and return to the Meals on Wheels office with your \$10.00 application fee.**

CLIENT INFORMATION

OFFICE USE ONLY: Start _____ End _____ ID _____
--

NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Number & Street) (Apt./Lot Number)

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ TOWNSHIP: _____

EMAIL: _____

NUMBER IN HOUSEHOLD _____ RENT OWN

MALE FEMALE DATE OF BIRTH _____ MARITAL STATUS _____

How did you hear of our services? _____

Do you use a Home Health Aid or Home Nurse Service? Yes No

Highest Level of Grade Completed (please circle):
High School/GED Some College Two-Year Degree Less than High School
Technical Degree/Certification Master's Degree Four-Year Degree
Doctorate Degree

Employment Status (please circle): Employed Full-time Part-time (less than 35 hours)
Not in the Workforce (homemaker, disabled, retired) Unemployed
Other

OTHER INFORMATION

RACE: Caucasian/White African Amer./Black Hispanic Asian
 American Indian/Alaskan Native Bi-racial Hawaiian/Pacific Islander
 Multi-racial Other

ETHNICITY: Non-Hispanic Hispanic

VETREN: Yes No

EMERGENCY CONTACT INFORMATION

We prefer to be able to reach the contact person(s) listed between the hours of 9:00 a.m. and 5:00 p.m., we must be able to reach them between 11:00 a.m. and 1:00 p.m., in case of an emergency or if the client cannot be reached.

1. _____
First and Last Name Relationship to client

Phone Numbers: (list first the number most likely to be reached between 11:00 am and 1:00 pm)

_____ Home Work Cell _____ Home Work Cell

Address: _____

Email: _____

Does this person have a key to the client's home? Yes No

2. _____
First and Last Name Relationship to client

Phone Numbers: (list first the number most likely to be reached between 11:00 am and 1:00 pm)

_____ Home Work Cell _____ Home Work Cell

Address: _____

Email: _____

Does this person have a key to the client's home? Yes No

3. _____
First and Last Name Relationship to client

Phone Numbers: (list first the number most likely to be reached between 11:00 am and 1:00 pm)

_____ Home Work Cell _____ Home Work Cell

Address: _____

Email: _____

Does this person have a key to the client's home? Yes No

4. **911 – If none of the above can be reached and we question an emergency situation, 911 will be called.**

**MEALS ON WHEELS OF HANCOCK COUNTY
LIKES & DISLIKES SHEET**

<i>FOR OFFICE USE ONLY</i>	
NAME	
ROUTE	
D.O.B.	

Days to receive service: Mon thru Fri Mon, Wed & Fri Tues & Thurs
 One Weekend Meal (delivered Fri) Two Weekend Meals (delivered Fri)

Please choose the type(s) of milk you prefer:

Whole 2% Skim Chocolate None (substitute apple juice)

Your Doctor's Rx may be counter to your preferences. In this case we must follow the Rx.

For your second meal do you prefer?

Apple juice Milk (as chosen above) Please do not include a beverage.

Please choose the types of bread(s) you enjoy:

Wheat White Marble Rye (no seeds) Dinner roll

Do you prefer to receive dessert items or a healthy alternative such as fruit?

Dessert Fruit *(Your Doctor's Rx may be counter to your preferences. In this case we must follow the Rx).*

Please choose the type(s) of fish you enjoy:

Fish Salmon patties Tuna salad

1. Please list any other foods you **STRONGLY** dislike:

2. Please list any other food you are allergic to or have trouble chewing:

3. Please list any religious food restrictions (including Lenten season):

4. Do you need any additional information about the diet your physician prescribed?

**** We will do our best to accommodate your likes and dislikes, however as a non-profit organization, many hours are donated in order to make this service possible. In order to continue providing this service to everyone in Hancock County, **we may not be able to always accommodate your preferences.** Thank you for your understanding.**