

### Welcome to Meals on Wheels!

Enclosed you will find all the information you need to become a Meals on Wheels client. Please review the information; if you have any questions feel free to call the office at 317-252-5558.

Meals on Wheels office hours are Monday through Thursday from 9 am – 4 pm and Friday from 9 am – 3 pm.

We look forward to serving you!

Warm regards,

Margaret Lukes and John Francis Your Client Services Team



CLIENT INFORMATION

# **MEALS ON WHEELS OF CENTRAL INDIANA**

MEALSONWHEELSINDY.ORG | INFO@MEALSONWHEELSINDY.ORG P.O. Box 40969 INDIANAPOLIS, IN 46240 | P: 317.252.5558 F: 317.252.5559

# **CLIENT APPLICATION**

Please complete all pages of this form and return to the Meals on Wheels office in the enclosed envelope with a check or money order for \$70 to cover application costs and the first two weeks on the program.

Black or African American Asian  ADDRESS  (Number & Street)  APT. COMPLEX OR SUBDIVISION NAME (IF APPLICABLE)  CITY  DATE OF BIRTH  PHONE  PETS? (Please circle)  YES  NO			
GENDER	NAME		(Middle Initial)
American Indian or Alaska Native White or Caucasion Black or African American Asian  ADDRESS (Number & Street)  CITY  DATE OF BIRTH  PETS? (Please circle)  PETS? (Please circle)  American Indian or Alaska Native Hispanic or Latino Native Hawaiian or other Pacific Isla Other Refuse to answer  (Apt. /Lot Number)  Apt. Complex Or Subdivision Name (IF Applicable)  ST ZIP  PHONE	(Lusi)	(11131)	(Middle Illindi)
American Indian or Alaska Native White or Caucasion Black or African American Asian  ADDRESS (Number & Street)  APT. COMPLEX OR SUBDIVISION NAME (IF APPLICABLE)  CITY  DATE OF BIRTH  PHONE  PETS? (Please circle)  YES  No  Hispanic or Latino Native Hawaiian or other Pacific Isla Other (Apt. /Lot Number)  ST ZIP  PHONE	GENDER		
White or Caucasion Black or African American Asian  ADDRESS  (Number & Street)  APT. COMPLEX OR SUBDIVISION NAME (IF APPLICABLE)  CITY  DATE OF BIRTH  PHONE  PETS? (Please circle)  YES  NO	RACE (PLEASE CIRCLE)		
ADDRESS (Number & Street)  APT. COMPLEX OR SUBDIVISION NAME (IF APPLICABLE)  CITY	White or Caucasion Black or African American	ve	Native Hawaiian or other Pacific Islander Other
(Number & Street) (Apt. /Lot Number)  APT. COMPLEX OR SUBDIVISION NAME (IF APPLICABLE)  CITY ST ZIP  DATE OF BIRTHPHONE  PETS? (Please circle) YES NO	Asian		Refuse to answer
APT. COMPLEX OR SUBDIVISION NAME (IF APPLICABLE)  CITY ST ZIP  DATE OF BIRTH PHONE  PETS? (Please circle) YES NO			
CITY ST ZIP  DATE OF BIRTHPHONE  PETS? (Please circle) YES NO	(Number & Street)		(Apt. /Lot Number)
DATE OF BIRTHPHONEPETS? (Please circle) YES NO	APT. COMPLEX OR SUBDIVISION NAME	(IF APPLIC	ABLE)
PETS? (Please circle) YES NO	CITY		ST ZIP
	DATE OF BIRTH		PHONE
If you placed describe	PETS? (Please circle) YES	10	
If yes, please describe	If yes, please describe		

# **MEDICAL INFORMATION**

Please circle all conditions that apply:				
Alzheimer's Amputee Arthritis Asthma Autoimmune diseases Bed-ridden Blindness Cancer Type:	Dialysis Emphysema Hard of hearing Heart disease	Hepatitis High blood pressure HIV Lung disease Multiple Sclerosis Muscular Dystrophy Paralysis Parkinson's Pre-Diabetes		
Please circle any aids o	currently used:			
Cane Oxygen	Glasses/Contacts Hearing Aid	Wheelchair Walker	Pacemaker TTY Phone	
Other:				
ADDITIONAL INFORM				
Do you use a home he	alth service? (Please (	Circle) <b>YES N</b>	0	
If yes, what is the name	e of the agency used	?		
PHYSICIAN INFORMA	ATION			
NAME				
NAME(Las	it) (	First)	(Middle Initial)	
		STATE		
PHONE	EXT	FAX NUMBER		
PATIENT# (IF APPLICABI	_E)C	CLINIC NAME (IF APPLICABL	E)	
PRACTICING HOSPITAL				

# **EMERGENCY CONTACT**

NA	AME		
ΑC	( <b>Last)</b> DDRESS	(First)	(Middle Initial)
CIT	Y	STATE	ZIP
НС	DME PHONE ( )	WORK PHONE (	)
CE	ELL PHONE ( )	EMAIL ADDRESS _	
RE	LATIONSHIP TO CLIENT		
DC	DES THIS PERSON HAVE A KEY TO	THE CLIENT'S HOME OR APAR	TMENT? (PLEASE CIRCLE) Y or N
ST	TATEMENT OF UNDERSTANDIN	<b>IG</b>	
	accordance with strict HIPAA services. I also understand the unauthorized access to confid I understand that, for the safe the door my volunteer uses to my pet, my meal service may I understand there is a fee for	regulations, to healthcare factors that Meals on Wheels will not implemental information.  The ety of our volunteers, all pets of deliver meals between 11A of the discontinued without further the Meals on Wheels and I am rend account is not kept currental.	MUST be confined away from M and 2PM. If I do not restrain
PE	RSON COMPLETING APPLICATIO	DN (SIGNATURE)	
DA	TE RELATIONSHII	P TO CLIENT (IF OTHER THAN	CLIENT)
BIL	LING ADDRESS (IF OTHER THAN E	EMERGENCY CONTACT OR SE	LF)
NA	(Last)	(First)	(Middle Initial)
AD	DDRESS		
CIT	Υ	STATE	ZIP

## FREQUENTLY ASKED QUESTIONS

**What will I receive?** Two meals – a hot lunch and a deli dinner – each weekday, along with a friendly visit from a Meals on Wheels volunteer.

**What are other benefits?** Meals on Wheels helps people maintain their independence and remain in the comfort of their own homes.

**Who is eligible?** EVERYONE. There is no age, income or disability requirement. Many clients depend upon the service long-term. Others need the service temporarily as they recover from a hospital stay or illness.

**How do I sign up?** Just call 317-252-5558. Your service will start in 2-3 business days after receiving your physician's diet order. There is no waiting list.

What about special diets? Meals on Wheels can accommodate a variety of special diets, such as low-sodium or sugar-free. In fact, about 70% of clients are on medically-tailored diets. Meals are prepared according to your doctor's written dietary prescription in local health care facilities under the supervision of registered dieticians.

DO I NEED A DIETARY PRESCRIPTION? Yes. Your physician must provide a diet prescription listing any dietary restrictions, even for a regular diet. We must have this on file before your service can begin.

What is the cost? \$6.50 per person a day. A one-time application fee of \$5 is due when you return your completed application. Payment of \$65 for your first two weeks of service is also due at that time, for a total of \$70. Two weeks is the minimum length of service we offer. Financial assistance is available to those who qualify. Call 317-252-5558 for more information.

What do meals include? The two meals we deliver provide two-thirds of your daily nutritional needs. A typical hot meal would include a meat entrée, potato, vegetable, salad, milk and dessert. A deli meal would likely include a sandwich, salad, fruit or juice, bread and butter. (Both meals are placed in disposable containers that cannot be heated in a microwave.)

**When are meals delivered?** Between 11 AM and 2 PM. We cannot guarantee delivery times, but please be assured that we are trying to get your meals to you as quickly as possible.

What if I need to take medication with food? To avoid medical emergencies, please do not wait until your meals arrive if you need to take medication on a timely basis. Eat a light snack and take your medication on schedule. Consult your physician about what snacks are appropriate for you.

What if I will not be home at delivery time? You must leave a cooler outside your door with a cold ice pack inside to receive your meals. If there is no cooler with ice pack available for our volunteers to leave your meals, the meals will not be left and you will be billed for those meals. Your emergency contact will also be notified that you did not answer the door.

What about weekends? Meals on Wheels offers a frozen food program that you may use for weekend or emergency meals. Five complete meals with varied ingredients are packaged in one case and delivered directly to your door. Meals can be heated using a microwave or traditional oven. To order, please call 317-252-5558.

How do I pay for meals? Please mail your personal check (payable to Meals on Wheels), money order or electronic benefit transfer card authorization (for food stamp recipients) to Meals on Wheels, OR contact the office for information on how to pay by credit/debit card.

When is payment due? Meals on Wheels sends a bill monthly. Payment is due on the 10<sup>th</sup> of each month. If we do not receive your payment by the end of the month, we will send a letter of inquiry. If we do not receive a response, your meal delivery will be canceled, although that is a situation we would hope to avoid.

**What if I have a complaint?** If you are dissatisfied with your meals, call us at 317-252-5558 that same day. We will make every effort to resolve the problem.

How do I cancel meal delivery? Please call us at 317-252-5558 between 9 AM and 3 PM. You must give 24 hours notice to avoid having to pay for that day's meals. Please do not ask the volunteer to cancel meals. Meals will not be automatically canceled after your first two weeks; you must call to cancel.

When was Meals on Wheels started? Meals on Wheels has been providing medically-tailored, home-delivered meals and personal contact for senior and disabled homebound people for over 46 years. Meals on Wheels has served more than seven million meals in the Indianapolis area.

**How is Meals on Wheels funded?** Meals on Wheels receives monetary support from local corporations, foundations, individuals and United Way of Central Indiana.

**What can I do to help?** Be courteous to the volunteers who deliver your meals. Remember, they are donating their time, using their cars and paying for their own gasoline to bring meals to your door.



P.O. Box 40969 Indianapolis, IN 46240-0969 Mealsonwheelsindy.org info@mealsonwheelsindy.org

> Ph: (317) 252-5558 FX: (317) 252-5559

#### FROZEN MEAL PROGRAM

#### Only \$24 for a 5-Meal Case

Each meal consists of a nutritionally balanced and appetizing entree, two vegetables, bread and margarine, and a dairy beverage.

#### Spa Cuisine Box 561

**Oven Baked Chicken** served with Green Beans with Red Pepper and Yellow Rice with Tomatoes & Chives

Italian Spaghetti with Tomato Sauce and Meatballs served with Italian Beans

**Medallions of Turkey in Cran-Raspberry Sauce** served with Zucchini and Yellow Corn and a Medley of Broccoli, Cauliflower & Red Beans

**NY Steak Patty with Mushroom Gravy** served with Garlic Mashed Potatoes, Zucchini, Yellow Squash & Green Bean Medley

**Pollo Tropical** Chicken Breast Patty in a Tropical Fruit Sauce, served with Succotash and Sweet Potatoes.

#### All American Box 562

Batter-Dipped Fish Nuggets served with Garlic Mashed Potatoes, Vegetables, and Apple Juice Three Cheese Macaroni and Cheese served with Seasoned Carrot Cuts and Green Peas Western-Style Omelet served with Potatoes O'Brien and Strawberry Applesauce 3 Bean Beef Chili Con Carne served with Brown Rice, and Sweet Yellow Corn. Sliced Turkey and Gravy with Cornbread Dressing, served with Flat Beans and Butternut Squash.

#### **Country Favorites 564**

**Pork Riblet in a Sweet and Tangy BBQ Sauce** served with Old Fashioned Baked Beans with Tomato, Corn with Diced Peppers, and Fruit Cup

Beef Patty in Rich Brown Gravy served with Mashed Potatoes and Rutabaga with Red Peppers Turkey with Country Pepper Gravy served with Mashed Potatoes, and Green Beans Almondine, Macaroni and Beef Casserole served with Spinach, and California Blend Vegetables Chicken Stew served with Green Peas and Pineapple Coconut Dessert

#### **Texas Blue Plate 577**

Pulled Pork with Mojo Sauce served with Black Beans, Peas and Carrots

Meatloaf with Sofrito Sauce served with Red Potatoes and Butternut Squash

Cheese Enchilada with Pulled Pork served with Black Beans and Whole Kernel Yellow Corn

Oven Baked Chicken served with Green Bean & Red Pepper Mix and Yellow Rice with Tomatoes & Chives

Southern-Style Pollock Fingers served with Steamed Carrots and Cheesy Country-Style Potatoes



For your convenience, Meals on Wheels now offers cases of Ensure to our clients at a reduced rate.

## \$21/Case:

## \$24/Case:

Case of 24	Ensure Plus 8 oz. can	<b>Butter Pecan</b>
Case of 24	Ensure Plus 8 oz. can	Chocolate
Case of 24	Ensure Plus 8 oz. can	Strawberry
Case of 24	Ensure Plus 8 oz. can	Vanilla

## \$36/Case:

Case of 24 Glucerna Shake 8 oz. can	<b>Butter Pecan</b>
Case of 24 Glucerna Shake 8 oz. can	Chocolate
Case of 24 Glucerna Shake 8 oz. can	Strawberry
Case of 24 Glucerna Shake 8 oz. can	Vanilla



# MEALS ON WHEELS' HOLIDAYS 2018

Meals on Wheels will NOT deliver meals on these holidays in the year 2018:

Monday, January 1 New Year's Day

Monday, May 28 Memorial Day

Wednesday, July 4 Independence Day

Monday, September 3 Labor Day

Thursday, November 22 Thanksgiving Day

Tuesday, December 25 Christmas Day