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.

Our 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
Client Services Coordinator
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.

CLIENT INFORMATION

NAME ___________________________________________________________________________________
  (Last)                                   (First)                               (Middle Initial)
GENDER ________________________
RACE (PLEASE CIRCLE)
  American Indian or Alaska Native
  White or Caucasian
  Black or African American
  Asian
  Hispanic or Latino
  Native Hawaiian or other Pacific Islander
  Other ____________________________
  Prefer not to answer
ADDRESS ________________________________________________________________________________
  (Number & Street)                                                            (Apt. /Lot Number)
APT. COMPLEX OR SUBDIVISION NAME (IF APPLICABLE)______________________________________
CITY _____________________________________________________ ST_________ ZIP_________________
DATE OF BIRTH___________________________________ PHONE__________________________________
PETS? (Please circle)      YES      NO
If yes, please describe ____________________________________________________________________

3/1/21
MEDICAL INFORMATION

Please circle all conditions that apply:

- Alzheimer’s
- Amputee
- Arthritis
- Asthma
- Autoimmune diseases
- Bed-ridden
- Blindness
- Cancer
- Type: _________________
- Cataracts
- Deafness
- Dementia
- Depression
- Diabetes
- Dialysis
- Emphysema
- Hard of hearing
- Heart disease
- Hepatitis
- High blood pressure
- HIV
- Lung disease
- Multiple Sclerosis
- Muscular Dystrophy
- Paralysis
- Parkinson’s
- Pre-Diabetes
- Seizures
- Sleep apnea
- Stroke
- Substance abuse
- Vision problem

Other: ______________________________________________________________________

Please circle any aids currently used:

- Cane
- Glasses/Contacts
- Wheelchair
- Pacemaker
- Oxygen
- Hearing Aid
- Walker
- TTY Phone

Other: ______________________________________________________________________

ADDITIONAL INFORMATION

Do you use a home health service? (Please Circle)   YES   NO

If yes, what is the name of the agency used? ________________________________

PHYSICIAN INFORMATION

NAME___________________________(Last)    (First)    (Middle Initial)

ADDRESS__________________________________________________________________________

CITY___________________________________________________STATE___________ZIP________

PHONE__________________________EXT._______   FAX NUMBER_________________________________

PATIENT # (IF APPLICABLE)______________CLINIC NAME (IF APPLICABLE)_____________________

PRACTICING HOSPITAL______________________________
EMERGENCY CONTACT

NAME__________________________________________________________________________

(Last)     (First)     (Middle Initial)

ADDRESS________________________________________________________________________

CITY_________________________________________STATE___________ZIP____________________

HOME PHONE (      ) ________________________WORK PHONE (      ) ______________________

CELL PHONE (           ) _________________________ EMAIL ADDRESS _________________________

RELATIONSHIP TO CLIENT______________________________________________________________

DOES THIS PERSON HAVE A KEY TO THE CLIENT’S HOME OR APARTMENT? (PLEASE CIRCLE) Y or N

STATEMENT OF UNDERSTANDING

☐ I understand that Meals on Wheels will release my diet order and relevant information, in accordance with strict HIPAA regulations, to healthcare facilities in order to provide meal services. I also understand that Meals on Wheels will not improperly disclose or allow unauthorized access to confidential information.

☐ I understand that, for the safety of our volunteers, all pets MUST be confined away from the door my volunteer uses to deliver meals between 11AM and 2PM. If I do not restrain my pet, my meal service may be discontinued without further notice.

☐ I understand there is a fee for Meals on Wheels and I am responsible for payment for the meal service. I realize that if my account is not kept current, Meals on Wheels may, upon notification, discontinue my meal service.

PERSON COMPLETING APPLICATION (SIGNATURE) __________________________________________

DATE _____________  RELATIONSHIP TO CLIENT (IF OTHER THAN CLIENT)______________________

BILLING ADDRESS (IF OTHER THAN EMERGENCY CONTACT OR SELF)

NAME__________________________________________________________________________

(Last)     (First)     (Middle Initial)

ADDRESS________________________________________________________________________

CITY_________________________________________STATE___________ZIP____________________

(PAGE 3 OF 3)
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, and milk. A cold meal would likely include a sandwich, salad and fruit or juice. (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? For an additional cost Meals on Wheels offers a frozen food program that you may use for weekend or emergency meals. Four meals with varied ingredients are packaged together 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 after first month of meals have been delivered. Payment is due on the 10th 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.
Meals on Wheels of Central Indiana offers cases of Ensure and Glucerna Shake to our clients at a reduced rate.

Cases contain 24 cans in four flavor options (Butter Pecan, Chocolate, Strawberry, Vanilla).

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Flavors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure Original 8 oz. Can</td>
<td>$21/Case</td>
<td>(Butter Pecan, Chocolate, Strawberry, Vanilla)</td>
</tr>
<tr>
<td>Ensure Plus 8 oz. Can</td>
<td>$24/Case</td>
<td>(Butter Pecan, Chocolate, Strawberry, Vanilla)</td>
</tr>
<tr>
<td>Glucerna Shake 8 oz. Can</td>
<td>$36/Case</td>
<td>(Butter Pecan, Chocolate, Strawberry, Vanilla)</td>
</tr>
</tbody>
</table>
MEALS ON WHEELS’ 2021 HOLIDAYS

Friday, January 1  New Year’s Day
Monday, January 18  Martin Luther King, Jr. Day
Monday, May 31  Memorial Day
Monday, July 5  Independence Day (observed)
Monday, September 6  Labor Day
Thursday, November 25  Thanksgiving Day
Friday, December 24  Christmas Day (observed)

NEW YEAR'S DAY
MARTIN LUTHER KING, JR. DAY
MEMORIAL DAY
INDEPENDENCE DAY (OBSERVED)
LABOR DAY
THANKSGIVING DAY
CHRISTMAS DAY (OBSERVED)