Meal Route #	Entry Date: / /
Map Grid #	Start Date: / /

HEALTHTrust
Meals on Wheels
Revised August 2015

CLIENT INFORMATION

Last Name: **First Name:**

Birth Date: / / **Age:** **Gender:** ☐ Male ☐ Female ☐ Transgender M ☐ Transgender F

Address: **Apt. #:** **City:** **Zip:**

Cross Street: **Social Security #:**

Phone #: ☐ Do Not Call **Email:** ☐ Do Not Email

Misc: ☐ Calfresh (Food Stamps) ☐ Conserved ☐ In Home Support Srvs ☐ MediCare ☐ Medi-Cal

Are You Interested in Other Programs?

☐ Books Aloud ☐ Fall Prevention (65+ Yrs. old in North County only)
☐ EmPower Me (Home Exercise Program)
☐ PALS (Grant Clients only)
Pet(s) at home: ☐ Dog ☐ Cat ☐ Bird

Delivery Notes:

MEALS

Meals Requested ☐ Mon ☐ Tues ☐ Weds ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

*Serving only regular diets. No mechanically-altered diets.

Meal Type (choose one): ☐ Hot Meals ☐ 7 Frozen

Beverage (choose one): ☐ LF Milk ☐ Juice

Payee of Meals: ☐ Self ☐ Alt Pay ☐ Third Party

Meal Contribution: $ _____

Name/Grant: _____

HOUSEHOLD INFORMATION

Veteran: ☐ Yes ☐ No **Spouse of Veteran:** ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Do you live alone? ☐ Yes ☐ No
If not, who do you live with? _____
in Household: _____

Is client socially isolated? (fewer than 3 visits/wk.) ☐ Yes ☐ No

Monthly Income:
Monthly Income for Individual: $ _____
Monthly Income for Entire Household: $ _____

HEALTH STATUS

Health: *(Please check as many as apply to you)*

☐ Cardiovascular/Heart ☐ Diabetes
☐ Respiratory ☐ Glaucoma
☐ Arthritis ☐ Tooth/Mouth/Throat
☐ Dementia, Alzheimer's ☐ Legally Blind/Visually
☐ MS, Parkinson's, Lou Gehrig's ☐ Impaired Hearing
☐ Stroke
☐ Other _____

Mobility Aids:

☐ Crutches ☐ Cane
☐ Wheelchair ☐ Walker
☐ Bedridden

Mental Health:

☐ Alert ☐ Forgetful/Confused
☐ Depression ☐ Other _____

BACKGROUND INFORMATION

Ethnicity: *(Please check only one)*

☐ Hispanic, Latino, or Spanish Origin
☐ Not Hispanic or Latino

Race: *(Please check as many as apply to you)*

☐ American Indian or Alask Native (Origins of North, Central, and South America)
☐ Asian/Asian-American (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Viet Nam, or Other)
☐ Black or African American (Origins of Africa)
☐ Native Hawaiian or Other Pacific Islander (Hawaii, Guam, Samoa, or Other)
☐ White (Origins of Europe, the Middle East, or North Africa)

Preferred Language: ☐ English ☐ Vietnamese ☐ Spanish ☐ Other _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: **Relationship to Client:**
Street Address: **City:** **Zip:**
Home Phone: **Cell Phone:** **Work Phone:**
Email:

Emergency Contact Name: **Relationship to Client:**
Street Address: **City:** **Zip:**
Home Phone: **Cell Phone:** **Work Phone:**
Email:

BILL-TO INFORMATION

Billing Contact Name: **Relationship to Client:**
Home Phone: **Cell Phone:** **Work Phone:**
Email:

I verify that the information is correct and I give my permission to the MOW staff to disclose my personal health information to my Designated Emergency Contact Person in an emergency. I am aware that Meals On Wheels serves only a regular diet of normal consistency and is unable to accommodate allergies and dietary restrictions.

Client Signature: _____ **Date:** _____/_____/_____

REFERRAL INFORMATION

Referral Name: | **Relationship to Client:** | **Phone #:**

ADL (ACTIVITY CLIENT DOES DAILY)

(1) Dep.= D (0) Indep. = I (1) Lots of Help = L (1) Some Help = S
(1) Verbal Assist = V

Eating	☐ D	☐ I	☐ L	☐ S	☐ V
Bathing	☐ D	☐ I	☐ L	☐ S	☐ V
Dressing	☐ D	☐ I	☐ L	☐ S	☐ V
Toileting	☐ D	☐ I	☐ L	☐ S	☐ V
Transferring	☐ D	☐ I	☐ L	☐ S	☐ V
Walking	☐ D	☐ I	☐ L	☐ S	☐ V

Total Points: _____

IADLs/INSTRUMENTAL ACTIVITY CLIENT DOES DAILY

$ Mgmt	☐ D	☐ I	☐ L	☐ S	☐ V
Laundry	☐ D	☐ I	☐ L	☐ S	☐ V
Shopping	☐ D	☐ I	☐ L	☐ S	☐ V
Meds Mgmt	☐ D	☐ I	☐ L	☐ S	☐ V
Meal Prep	☐ D	☐ I	☐ L	☐ S	☐ V
Hvy Chores	☐ D	☐ I	☐ L	☐ S	☐ V
Lt Chores	☐ D	☐ I	☐ L	☐ S	☐ V
Transportation	☐ D	☐ I	☐ L	☐ S	☐ V
Telephone	☐ D	☐ I	☐ L	☐ S	☐ V

Total Points: _____

NUTRITIONAL RISK ASSESSMENT

(Circle Number Of Risk Factors That Apply)

(2) - Has an illness/condition that changed the kind &/or amt. food eaten.
(3) - Eats fewer than 2 meals a day.
(2) - Eats few fruits or vegetables.
(2) - Drinks 1 or less milk/milk product a day
(2) - Has 3 or more drinks of beer, liquor or wine almost every day.
(2) - Has tooth or mouth problems that make it difficult to eat.
(4) - Has insufficient funds to buy the food needed.
(1) - Eats alone most of the time.
(1) - Takes 3 or more different prescribed/over-the-counter drugs per day.
(2) - Has involuntarily lost or gained 10 pounds in the last 6 months.
(2) - Is not always physically able to shop, cook an/or feed

Total Points : _____ (6+ Points = High Risk)

ADDITIONAL INFORMATION

Do you have a Social Worker?

☐ Yes ☐ No

If yes, Social Worker Name:
Social Worker Phone:

Is client physically and mentally able to prepare/reheat meal?

☐ Yes ☐ No

Additional Notes:

MEALS ON WHEELS OFFICE USE ONLY

Verification w/ client on correct information ☐ Y ☐ N

MOW's Personnel Name_____
MOW's Office Initials_____

MOW Personnel Checklist:

(1) Intake Form:

- ☐ Sent for Client's Signature
- ☐ Placed in yellow USDA folder (for entry into USDA database
- ☐ Entered in USDA database 9for 60+ yrs and older)
- ☐ Entered into ServTracker
- ☐ Entered into Excell: Cast Management file
- ☐ Placed in Client's file

(2) Service Agreement:

- ☐ Sent for Client's Signature

HEALTHTrust
Meals on Wheels

Meals On Wheels Service Agreement

Meals On Wheels provides meal services to individuals 18 years or older, who are homebound and have difficulty shopping or cooking. The cost to The Health Trust for hot meals is $12.00.

Your suggested contribution is **$8.00 per hot meal** and **$6.00 per weekend box lunch.** If you would like to contribute additional funds toward your meal, it would greatly assist us in helping others who are unable to contribute. Our program has a **one week (5 days) minimum for services**. **The contribution for one week's worth of meals is $40.00.**

Contribution Information:

- You will receive a statement for your meals at the middle of each month for the number of meals received from the prior month. Your meal contribution is due upon receipt.
- You can make a contribution with check or credit card. Please make checks payable to The Health Trust or call our office with your credit card information.
- **No one will be denied a meal based on their ability to contribute.**
- If you are not at home when delivery is made, you will still be responsible for the meal contribution.
- **Meal delivery cancellations must be phoned in to (408) 961-9870 by 10:00 a.m. the day before delivery.**
- Meals On Wheels has the right to terminate services for any reason due to safety, accessibility, and communication.

Client Service Agreement:
I have agreed to contribute $_____ for the cost of each hot meal and $_____ for the cost of each cold box lunch, with a start-up commitment of one week. If I am not at home when the delivery is made, I understand that I will still be responsible for the cost of the meal. If I am not at home or if I am ill, I give permission to the Meals On Wheels program staff to contact the emergency number I have provided. The information that I have supplied to The Health Trust is correct to the best of my knowledge.

Client or Responsible Party:

Signature _____ Date _____

*Please keep a copy for your records.

Meals On Wheels
1400 Parkmoor Ave., Suite 230, San Jose, CA 95126
408-961-9870 (Office) 408-961-9869 (Fax)

HEALTHTrust
Meals on Wheels

Below are answers to many of the frequently asked questions that we receive.

1. **What is the correct time to cancel my meal?**

   - In order to process your meal cancellation we need to receive your request no later than **10:00 a.m.** For example, if you would like to cancel your meal on Wednesday we need to receive your request no later than the previous Tuesday by 10:00 a.m.

2. **What number do I call to cancel a meal, speak with a Meals On Wheels staff member or restart my meals?**

   - To contact Meals On Wheels please call **408-961-9870** or **1-800-505-3367**. Our office is open Monday- Friday from 9am to 4pm.

3. **Sometimes I call and no one answers the phone what should I do?**
   - Many times we are on another call or have stepped away from the desk. Please leave a message and we will return your call as soon as possible. If you want to cancel a meal leave the date or dates that you would like to cancel. If you need a return call, please leave a brief message detailing the situation and you will receive a call within one business day.

4. **What time will my meal be delivered?**

- Delivery time is any time between 10:30 a.m. and 1:30 p.m. Some situations may occur that effect the time that your meal is delivered. For example, inclement weather, traffic, a new driver delivering meals or the meal type being served for that day.

5. **I'm not going to be home, can you leave my meal on the table outside?**

   - **We are not able to leave any meals unattended.** We need to deliver the meal to you, a family member/caretaker at your home, or leave it with a designated next door neighbor. If you need to leave home prior to your meal delivery please call the office at 408-961-9870 or 1-800-505-3367. If we have received prior authorization, we can enter your home and place the meal in your refrigerator. (This service is not available on all routes)

6. **How do I change my meal or beverage type?**
   - To change your meal or beverage type please call the office directly.

7. **Today I received items that were not on the menu, why did this occur?**

   - On occasion we may need to substitute menu items, due to changes in our hospital kitchen food delivery.
   - Substitutes can also be due to the dietary restrictions that you may have. For example, clients who have the "No Concentrated Sweets" diet plan will receive a substitute on days that we have bakery items as the dessert.

8. **I have questions regarding the monthly contribution statement that I received, who do I call?**

   - Please call the number that is listed on your monthly statement.

9. **What if I don't like something in my meal?**

   - Please call the office and let us know- (408) 961-9870.

HEALTHTrust
Meals on Wheels

Our Mission is to provide nutritious daily meals, social interaction and in-home wellness services for homebound frail and disabled adults in Santa Clara County, allowing them to retain their independence at home.

To qualify, you must be:

Resident of Santa Clara County, 18+ yrs. of age, Homebound & Difficult to shop and/or cook

Our Service Includes:

- **Hot Meals** delivered Monday-Friday to your home between 10:00 a.m.-1:30 p.m.
- All meals meet 1/3 DRI from Older Americans Act Nutritional Guidelines.
- All meals are prepared fresh daily with no trans fats or high fructose sugar, hormones, preservatives, chemicals or artificial antibiotics.
- **Weekend Meals** for Saturday (sandwich) and Sunday (salad) delivered on Friday.

Extra Complimentary Services:

- Daily wellness check and visit
- PALS (Pets and Their Loving Seniors) Pet Food/Services Program for qualifying low-income clients
- Empower Me home exercise program
- Case Management Support and Referrals
- Audio Book delivery for visually & learning impaired
- Information on Local Services and Educational Materials
- Gifts from the community
- Fall Prevention Program with Stanford Medical Center

Meal Contribution: We ask our clients for a meal contribution

Contact us at: (408) 961-9870 or (800) 505-3367
OTTY/TDD (800) 735-2929 OR 7-1-1
9:00 a.m.-4:00 p.m., Monday-Friday

HEALTH

Meals On Wheels

SAMPLE MENU

M	T	W	T	F	Sat	Sun
		1 **Meat Ball** over Penne Pasta Corn Medley, Wheat Dinner Roll and Fresh Fruit	2 **Chicken Mac & Cheese** Side of Broccoli, Peas & Corn, Wheat Dinner Roll and Fresh Fruit	3 **Chicken & Cheese Enchilada** With Fresh Tomatillo Sauce Side of Brown Rice and Pinto Beans, and Fresh Fruit	4 **Roast Beef & Swiss Cheese Sandwich** with side of Green Beans & Oil ,Lemon Dressing and Fresh Fruit	5 **Mix Green Salad w/Chicken** Tomatoes, Cucumber, Egg, Blue Cheese Dressing, Wheat Dinner Roll & Fruit
6 **Turkey Chili** With Brown Rice, Peas & Carrots, Wheat Dinner Roll & Fruit	7 **Savory Turkey Meatloaf** with Potatoes, Wheat Dinner Roll, Peas and Carrots & Fruit	8 **Cheese Ravioli Meat sauce** Side of Creamy Spinach Wheat Dinner Roll and Fresh Fruit	9 **Turkey Meat Loaf** Side of Rice Pilaf and Zucchini Stir Fry Wheat Dinner Roll and Fresh Fruit	10 **Meat Lasagna** w/Zucchini Stir Fry, Wheat Dinner Roll and Fresh Fruit	11 **Roast Turkey & Swiss Cheese Sandwich** side of Tomato, Cucumber & Celery Salad with Italian Dressing. And Fruit	12 **Southwest Chicken Salad** With Ranch Dressing Wheat Dinner Roll and Fresh Fruit
13 **Chicken Apple Curry** Over Jasmine Rice, Garlic Broccoli, Wheat Dinner Roll And Fresh Fruit	14 **Roast Turkey Breast ,** Gravy Mash Potato, Peas & Carrots Wheat Dinner Roll and Fresh Fruit	15: **Baked Tilapia** w/ Butter Lemon Sauce over Brown Rice, Corn Medley, Wheat Dinner Roll and Fresh Fruit	16 **Chicken Fettuccine Alfredo** Broccoli w/Oil & Garlic Wheat Dinner Roll Fresh Fruit	17 **Vegetable Stew w/Chicken** Side of Brown Rice, Wheat Dinner Roll and Fresh Fruit	18 **Ham & Swiss Cheese Sandwich ,** Side of Mix Greens With Balsamic vinegar Dressing & Fresh Fruit	19 **Chicken Caesar Salad** with Caesar Dressing, Wheat Dinner Roll and Fresh Fruit
20 **Oven Roasted Turkey** with Gravy, Stuffing, Sweet Potatoes, Whole Wheat Dinner Roll, Seasonal Vegetables, and Fruit	21 **All Natural Honey Glazed Chicken** with Potatoes, Corn, Wheat Dinner Roll and Fruit	22 **Beef Tips & Mushrooms over Pasta** with Seasonal Vegetables, Wheat Dinner Roll, and Fruit	23 **All Natural Teriyaki Chicken** with Brown Rice, Seasonal Vegetables and Fruit	24 **Steamed Tilapia with Lemon Dill Sauce** over Brown Rice w/ Wheat Dinner Roll, Seasonal Vegetables & Fruit	25 **Egg Salad Sandwich** side of Lettuce, Cucumber, and Tomato, Balsamic Vinegar, Dressing and Fresh Fruit	26 **Mix Green Salad w/Chicken,** tomatoes, Cucumber, Egg Blue Cheese Dressing. Wheat Dinner Roll & Fruit
27 **Pot Roast w/ Mushroom** Brown Rice, Peas & Carrots Wheat Dinner Roll and Fresh Fruit	28 **Sweet and Sour Chicken** served over Brown Rice with Broccoli, Wheat Dinner Rolls, and Fresh Fruit	29 **Chicken Parmesan,** Butter Carrots, Rosemary Potato, Wheat Dinner Roll and Fresh Fruit	30 **Basil Chicken** w/ rice Pilaf And Zucchini Stir Fry Wheat Dinner Roll and Fresh Fruit	31 **Meat loaf** with Mash Potatoes Peas and Carrots, Wheat Dinner Roll and Fresh Fruit		

Each meal includes fruit for dessert, along with milk or juice

Some Items May Be Substituted Without Prior Notice

Media Consent Form

I, the undersigned, hereby give my consent to The Health Trust, its employees and/or its volunteers and/or its agents and/or independent contractors representing public information media who are authorized by The Health Trust for the performances of photographic procedures and/or collection of information that will be printed or posted online.

The undersigned should initial each blank for each procedure approved. If the undersigned is unable to initial blanks, a witness should initial proper blanks.

_____ Taking of still photographs

_____ Taking of video images or electronic voice recordings

_____ Interview for media that will appear in print media or posted online

_____ Use of any of the above initiated for any purpose within the discretion of The Health Trust where my name may be revealed

_____ Use of any of the above for scientific purposes or publication provided my identity is not revealed in any manner by The Health Trust

_____ Consent to remain in effect for the term of five years

_____ Conditions or restrictions on use, if any:

_____

_____

By signing this consent form, I hereby represent that I have read this form and understand the implications in signing it, and that I am signing this voluntarily. In addition, I understand that unless I have indicated otherwise, my signing this consent means any photograph, use of my name, or other form of media may be used more than once and in various forms.

If the person signing this form is under age 18, this form must also be signed by parent or legal guardian.

_____ Name (printed)

_____ Signature and Date

_____ Witness Signature and Date

_____ Parent/Guardian Signature and Date

HEALTHTrust
Meals on Wheels

Home Authorization for Meal Delivery

Entering Home or Property

☐ I authorize The Health Trust Meals on Wheels program to enter my home, garage or Property if I am home or not home and leave the door unlocked, only to deliver Meals on Wheels.

Home Keys in Lockbox and/or Code

☐ I authorize The Health Trust Meals On Wheels program to use the key that I leave for the Meals On Wheels driver. The key is to be used only to deliver Meals On Wheels.

My walk-in code to the outside door at my apartment building is:_____

Printed Name of client: _____

Signature of client: _____Date:_____

(If Client Unable to Sign)

Signature of authorized representative:_____Date:_____

Printed name of authorized representative:_____

1400 Parkmoor Ave., Suite 230, San Jose, CA 95126
(office) (408) 961-9870 **(fax)(408) 961-9869**