



Tel: 970-484-6325

PO Box 424, Fort Collins, CO 80522
1217 E. Elizabeth # 11, Fort Collins, CO 80524

Fax: 970-224-2635
info@fcmow.org

Hello!

Thank you for your interest in *Meals on Wheels for Fort Collins!* We will need some information from you to confirm your eligibility. Following is a list of items enclosed:

Enrollment Form (3 pages)

Information Sheet (2 pages)

Current Menu (1 page)

Please complete and *sign* the three-page Enrollment Form by answering all questions and return it to us.

Once we have received your enrollment form, we will call you to further discuss the program, your eligibility status and when we can start meal delivery for you.

If you would like us to come to your home and explain our program, we would be more than happy to make an appointment to meet with you. Simply call our office at the number below.

Please call our office if you have any questions at 970-484-6325.

Thank you!

We look forward to serving you!

Your Staff at *Meals on Wheels for Fort Collins*

Meals on Wheels for Fort Collins

Enrollment Form

TEL: (970) 484-6325

P.O. Box 424
Fort Collins, CO 80522

FAX: (970) 224-2635

DATE: _____ DESIRED START DATE: _____

LAST NAME: _____ FIRST NAME: _____ SEX: ___ FEMALE ___ MALE

ADDRESS: _____ APT/LOT #: _____

CITY: _____ ZIP: _____ TELEPHONE: _____

BIRTHDATE: _____ AGE: _____ RACE: _____

VEHICLE YEAR _____ MAKE _____ MODEL _____ LICENSE PLATE _____

PERSON COMPLETING FORM _____ RELATIONSHIP _____ PH # _____

Meals on Wheels **REQUIRES** two EMERGENCY CONTACTS (preferably someone within the local area.)
If we do not see you at delivery time and cannot reach you by phone, we will call your Emergency Contact(s).

CONTACT NAME _____ RELATIONSHIP _____

HOME # _____ CELL # _____ WORK # _____

CONTACT NAME _____ RELATIONSHIP _____

HOME # _____ CELL # _____ WORK # _____

BILLING INFORMATION (IF DIFFERENT THAN ABOVE)

NAME _____ RELATIONSHIP _____

Street Address _____ City _____

State _____ Zip Code _____ Home # _____ Cell # _____

How did you learn about our program? Medical Professional (Name) _____

Internet _____ Phonebook _____ Friend _____ Other (please explain) _____

Why do you need Meals on Wheels at this time? (Please provide a medical diagnosis as part of your answer, if applicable).

Do you have pets? _____ Dog(s)(names) _____ / _____ Cat(s)(names) _____

How long will you need meals? Permanently _____ Temporarily _____ Not sure _____ Can you answer the door? Yes _____ No _____

MEAL TYPE: PLEASE SELECT *ONLY MEDICALLY NECESSARY DIET RESTRICTIONS.*

REGULAR _____ DIABETIC _____ CARDIAC _____ RENAL _____ SALT FREE _____ VEGETARIAN _____ BLAND _____

LARGE _____ HIGH FIBER _____ MILK FREE _____ DENTAL SOFT _____ PUREED _____ HIGH CALORIE _____

FOOD ALLERGIES: _____

FOOD/DRUG INTERACTIONS _____

Primary Care Physician: _____ PHONE _____

Please note: your physician may be contacted to verify dietary restrictions, food allergies and drug interactions

Do you have one of the following working with you? _____ Case Manager _____ Social Worker

If Yes, NAME _____ PHONE: _____

DELIVERY SCHEDULE: MONDAY—FRIDAY _____ “OR” MON _____ TUES _____ WED _____ THURS _____ FRI _____

MEAL FEE is \$4.50 Per Meal. ‘OR’ Would you like to be considered for a reduced fee Yes _____ No _____

IMPORTANT NOTE

If you want to be considered for a reduced fee, **WE WILL NEED** verification on file of your Gross Monthly Income. Please include a copy with your application. (Social security benefits statement and/or bank statement)
Gross Monthly Income Amount \$ _____ # of Household Members this amount supports _____

PLEASE CIRCLE YES OR NO TO THE FOLLOWING QUESTIONS - EXPLAIN AS NECESSARY.

- Do you live alone? Yes No If NO, who else lives with you? Spouse Adult Child Other _____
- Without trying, have you (circle one) LOST or GAINED weight in the last six months?
- Are you able to prepare a fully nutritious meal for yourself? YES NO
- What is the typical lunch or dinner you prepare for yourself? _____
- Are you able to independently grocery shop for yourself? YES NO
- Please check the best description of how you obtain groceries.

_____ I drive and shop for myself _____ Someone drives me and I shop for myself _____ Someone does my shopping for me.

- Do you need help to leave your home? YES NO

PLEASE CHECK ANY OF THE STATEMENTS BELOW THAT APPLY FOR YOUR SITUATION.

- _____ I use Dial-a-Ride/SAINT or someone else to get most places I need to go.
- _____ I can no longer use public transportation.
- _____ I am unable to drive.
- _____ I am unable to walk more than the length of my home without assistance (i.e. a person, cane, wheelchair, or walker).
- _____ I need assistance to get in and out of a vehicle.

PLEASE CHECK THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING

- _____ If you you might be late returning home from an appointment, leave a cooler outside your door, call the office to let them know you will not be home at delivery **AND** be sure to call in when you get home so we know you received your meal.
- _____ All **Meal Cancellations** must be called in no later than **8:30am** the morning of delivery – cancel earlier when possible. Clients can call our office 24 hrs a day and leave their name, phone # and message.
- _____ **Meal delivery is normally between 11:30am and 12:30pm.** Please be aware that weather, traffic, etc. may affect the time your meal is delivered on any given day.
- _____ If you are not home when a scheduled meal has been delivered, please call our office as soon as you return to let us know you received your meal and you are ok. If we do not hear from you and cannot reach you, **we will attempt to contact your emergency contact(s) or contact the non-emergency police to do a wellness check, if necessary.**

THIS BOX MUST BE COMPLETED, SIGNED & DATED BY THE CLIENT

I, _____ AUTHORIZED _____ to release any
[Client Name] [Primary Care Physician]

necessary information to Meals on Wheels for Fort Collins that is pertinent to my eligibility to receive services.

I understand that by signing below, I acknowledge and confirm that ALL of the information I have provided in the enrollment form is true and complete.

Signature _____ **Date** _____

Office Use Only: Home Visit (if applicable-date/initials) _____ Entered in DB _____ Entered in QB _____ Entered in UD _____
Menu/Newsletter Sent _____ Proof of GMI _____ Gross Monthly Income (if reduced fee) \$ _____ Entered on Route/Maps _____

Meals on Wheels for Fort Collins

Information Sheet

TEL: (970) 484-6325

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FAX: (970) 224-2635
www.fcmow.org

We hope the following information will give a better understanding of our service and help you decide if our program meets your needs. Pages 5 and 6 and the menu are for you to keep as references. Please return the three page Enrollment Form to our office – you can mail, fax, email or bring it to our office.

- Meals are delivered **Monday through Friday**, including all weekday Holidays, usually between **11:30am & 12:30pm**.
- Our meals are prepared by Poudre Valley Hospital and delivered to your home by volunteers.
- You may choose to receive meals from 1 to 5 days per week.
- Our service consists of the delivery of :
 - 1) a full lunch with a hot entrée, accompanied by a roll, salad, and a dessert;
 - 2) a brief conversation with a friendly volunteer
 - 3) a wellness check that you are doing “ok”.
- Monthly Menus and Newsletters are mailed to all clients.
- For your safety, we require the name and phone number of two people to call as emergency contacts.
- If the volunteer does not see you or the Meals on Wheels office does not reach you by phone, we will call emergency contacts. **If no one can be reached a wellness check will be done by the local non-emergency police department.**
- Please call the office to confirm closing due to bad weather.
- For food safety, you need to be at home at the time of delivery or leave a cooler out.
- We are able to meet some medically ordered dietary restrictions.
- You may cancel the service, on any given day, but **cancellations** must be called in no later than **8:30am** for that day!
- Our phones can take messages 24 hours a day – please call with cancellations as early as possible.

ELGIBILITY FOR MEALS

Age is not an eligibility requirement to receive our services. You may be eligible for our services if:

- You are primarily homebound
- You are having difficulty independently preparing nutritional meals, to the extent your diet is deficient
- You are having difficulty independently grocery shopping, to the extent your diet is deficient
- You live in the city limits of Fort Collins – Exceptions may be made as volunteers for other areas become available
- You live in a home, apartment, or mobile home that is safe and accessible for our volunteers to enter
- We are able to meet your specific dietary restrictions

FEES AND BILLING

Meals on Wheels for Fort Collins is a non-profit agency. We rely on clients' fees, donations, grants, and fund-raising activities to provide this important community service. We are not currently funded by any governmental entity.

- **The cost of the service is \$4.50/ meal.**
- If you wish to be considered for a reduced fee, Meals on Wheels for Fort Collins does require verification of your Gross Monthly Income. Reduced fees are determined using a sliding scale and your gross income. **Please include a copy of your gross monthly income with your Enrollment Form.**
- Invoices are prepared at the end of each month for the number of meals you received during the month.
- Invoices are due upon receipt and are considered past due if paid after the 15th of the month.

We hope this information helps you determine if *Meals on Wheels for Fort Collins* is for you. When we receive your enrollment form, we will call you to verify the information, determine your eligibility, and start date.

We will always strive to give you the highest quality service.

Please call our office (970-484-6325) if you have any questions, comments or feedback.