

DEPARTMENT OF HEALTH & HUMAN SERVICES MEALS ON WHEELS PROGRAM

8-01 Fair Lawn Avenue
Fair Lawn, New Jersey 07410
201-794-5333

Information Sheet

The department of Human Services offers a Meal on Wheels Program to Fair Lawn residents. The criteria for our program are:

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- Recipient must be on a special diet
 - Recipient must be homebound, living alone and unable to prepare meals.
 - Recipients must not have the benefit of Home Health Aides or capable family members assisting them in making meals.
 - **Must sign up for program for at least 1 month. (Absolutely no exceptions.)**
 - Cost: \$5.40 per day non refunded

DESCRIPTION OF PROGRAM INFORMATION SHEET

DELIVERIES

Meals are delivered 5 days a week, Monday to Friday, including holidays.

PAYMENTS

The cost is \$27 per week (\$5.40 per day) payable monthly.

Make check payable to the BOROUGH OF FAIR LAWN and mail to the Department of Human Services, P.O. Box 376, Fair Lawn, NJ 07410.

PLEASE NOTE: Payment of \$108.00 for the first month of meals must be included with this application.

OFFICE HOURS

Office hours are Monday - Friday, 9:00am - 4:00pm.

BILLING

You will be billed at the end of each month via invoice.

CANCELLATIONS

There is a strict cancellation policy. We charge by the week, if days are canceled within the week you will still be charged the full \$27. If you will be away for an extended period of time (one week or more) arrangements will be made to freeze your account so you will not be accountable for payments.

TERMINATION OF SERVICES

If you wish to permanently cancel the service you must do so in writing. Please give us two weeks notice before doing so.

MEALS ON WHEELS PROGRAM Information Sheet

MEAL ARRIVAL

Meals will arrive between 12:00 and 1:30pm. (There are 2 meals per day, hot lunch and cold supper delivered at the same time.) *If your meal does not arrive by 1:00 PM, contact the office, there are times and circumstances when this is unavoidable.*

Be patient, we will get your meal to you as quickly as possible.

You must be home to accept the meal. If you will not be home, you must call the office at least two days in advance. You will still be required to pay for the day. (Note: If you will be away for more than 1 week, refer to cancellation section.)

WINTER MONTHS

You should have enough food on hand during the winter months or holiday times in case a driver can not deliver your meals.

COMPLAINTS

If you have any complaints regarding your meals, you are to call our office. Do not call Maple Glen. Do not speak with the Volunteer Drivers about any issues.

SAFETY

Our program has a built in service, in that our clients are seen by the drivers. If you do not answer, the driver informs the office. We, in turn, try to contact you and/or your emergency contact and/or your doctor. If we are unsuccessful, we will contact the police and gain access to your home, by force if necessary. *We are not responsible for any damage, in the instance.*

DRIVERS

REMEMBER, our drivers are volunteers. They give their time, energy, and caring and are deserving of your politeness and respect.

REQUESTED DATE TO START SERVICE

The requested start date on the application does not ensure that meals will actually start being delivered on the date requested as our Meals on Wheels recipient list may be full. But we will do our best to accommodate your request. You will be notified of your starting date.

MEALS ON WHEELS APPLICATION

(must be returned to our office)

Today's Date: _____

Requested date to start service: _____

This does not ensure that this will be your actual start date, please see info sheet for details.

Name: _____

Estimated duration of service: _____

(Must be at least 1 month.)

Address: _____

Phone: _____

Does anyone live with you? yes no

Home or Apartment

If yes, whom: _____

Age: _____ Sex: _____

Can they cook/shop for you. yes no

Date of Birth: _____ / _____ /19_____

Please explain circumstances:

Emergency Contact Information

Name of Emergency Contact

Address of Emergency Contact

Phone number of Emergency Contact

Relationship of Emergency Contact

Are you housebound: yes no

Are you Bedridden: yes no

Do you use any of the following:

Wheelchair: yes no

Cane: yes no

Walker: yes no

Other: _____

MAKE SURE YOUR DOCTOR MAELS AN ORIGINAL NOTE TO US STATING WHAT KIND OF SPECIAL DIET YOU'RE ON. (THIS MUST BE RECEIVED BEFORE YOU START ON THE MEALS ON WHEELS PROGRAM.)

Physician Information

Name: _____

Address: _____

Phone: _____

Health Problems: _____

Explanation of special diet: _____

Do you need any other type of assistance?

Yes No

If yes, explain:

Please give directions to your home as if you were coming from the Municipal Building (be specific): _____

Please give cross street or streets you are between: _____

(e.g. come to back door)

Delivery Instructions: _____

Description of Home: _____

If in two family, top or bottom bell? _____

Additional Notes: _____

PLEASE FILL OUT THE ABOVE MEALS ON WHEELS APPLICATION. RETURN TO THE HUMAN SERVICES DEPARTMENT, 8-01 FAIR LAWN AVENUE, FAIR LAWN, NEW JERSEY 07410.

I understand I am signing up for the Meals on Wheels Program for a minimum of 1 month.

(Signature)

(Date)

MEALS ON WHEELS PRICING

This is just a reminder that all payments should be made payable to the Borough of Fair Lawn. You may put "Meals on Wheels payment" in the memo portion of your check, this will make it clear for you as well as us what payment is for. **Please mail payments to Meals on Wheels, 8-01 Fair Lawn Avenue, Fair Lawn, New Jersey 07410.**

Please call the office if you must cancel any days for delivery. Time will not permit us to keep track of our many clients schedules/payment activity. We charge by the week, if days are canceled within the week you will still be charged the full \$27. If you will be away for an extended period of time (a week or more) arrangements will be made to freeze your account so you won't be accountable for payments.

If you have any questions or concerns, please don't hesitate to call.

For Official Office Use Only

not to be filled out by client

Name:

Address:

Phone:

WAITING LIST

Date of first phone interview: _____

Was application sent out to them: Yes No Date Sent: _____

Date application was received back to us: _____

Date application was put on waiting list: _____

Anticipated date to start service: _____

Additional Notes:

CLIENTS NEXT TO START PROGRAM

Date first check was received: _____

Date letter confirming start date of services was sent: _____

Additional Notes:

REQUEST TO STOP SERVICE PERMANENTLY

Date request was made: _____

Date letter was received: _____