



Homer Senior Citizens, Inc.

3935 Svedlund Street
Homer, Alaska 99603
(907) 235-7655 Fax: (907) 235-3739

Thank you for your interest in the Home Delivered Meals Program!

We are happy to provide home delivered meals to persons 60 years+ or disabled, who are unable to attend our congregate meal program. If you are homebound, ill, or recuperating from surgery, you qualify for this program.

If we have a weather event or emergency conditions make it unsafe to get to our congregate meal program, contact us to determine if we can deliver a meal to you.

We encourage all seniors to attend the Monday - Friday noon congregate meal. But, if you are unable to do so and have been advised by your physician to receive home delivered meals, please fill out the attached forms and return to Homer Senior Citizens, Inc. A physician's order is required and can be faxed directly to HSC. Once the forms have been received, your application will be reviewed. You will be contacted to discuss eligibility.

Our service area is 1. Sterling Hwy to the Old Sterling (8 mile) 2. East End Rd to the Fritz Creek General Store 3. East Hill Rd 4. West Hill Rd 5. Diamond Ridge Rd 6. W. Skyline Rd to West Hill 7. E. Skyline Rd to Gruening St. 8. Kachemak Drive & Spit Rd. (See attached map)

Due to food safety concerns, Homer Senior Citizens, Inc. will NOT leave food at a residence with no one present. If you are not going to be home during the noon hour, please call 235-4555 **before 9:30 am** Monday through Friday.

Please fill out and return the enclosed forms to receive meals. A suggested donation of \$7.00 is appreciated for each meal delivered. Your donations help fund this valuable program.

You will receive your meal now in a microwavable, reusable container. You will be asked to return your container to the driver on the next day you receive a new meal. All containers must be rinsed and free of food. There is a **\$20 refundable deposit**, which is required for all Home Delivered Meal participants. This deposit will be returned when all containers are received back, after terminating your service in this program.

Please call Bonny at 235-4555 or Paula at 235-4550 if you have any questions or comments about the program, or if there needs to be changes to your service. Special meals are available for dietary prescriptions. **Meals will NOT be left when you are not home or you don't answer your door.**

Our goal is to serve our community members. Hope you enjoy your home delivered meals!



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HOME DELIVERED MEALS ASSESSMENT

DATE: _____

Last Name: _____

First Name: _____

Phone Number: _____

DOB: _____

Physical Address _____ Mailing Address: _____

Referred by: _____ Phone: _____

Physician: _____ Phone: _____

Physician Order Rcvd? YES NO

Care Coordinator: _____ Phone: _____

Emergency Contact: _____ Phone: _____

- | | | | |
|--|----------|---------|-------------------------------|
| 1. Ability to Walk: | Full | Partial | Wheelchair/Walker |
| Vision: | Adequate | Partial | Blind |
| Hearing: | Adequate | Partial | Deaf Hearing Aid |
| Difficulty Chewing: | Yes | No | |
| Difficulty using hands to cut meat or remove lids: | | Yes | No |

2. Is there another way to receive meals?
- | | | |
|------------------|----------|--------|
| Homemaker | Neighbor | Church |
| Household Member | Other | _____ |

3. Are you currently living alone? Yes No

4. Would you like to eat at the Senior Center if transportation was provided?

Yes No

- s. Is there a stove/microwave to reheat meals? Yes No

Over 40 Years of Great Service Helping Seniors "live life to its fullest"

www.homerseniors.org



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6. Can you refrigerate meals? Yes No

7. Can you freeze meals? Yes No

8. Has a special diet been prescribed? Yes No

By Whom? _____

What Diet? _____

9. Please detail all allergies relating to food items: _____

10. Do you have a special person that you rely on for anything you need help with?

Yes No

Please give name of person you rely upon _____

Phone: _____ Relationship _____

Address: _____

11. Please provide specific directions to your home including color, description, etc. If needed, please draw a small map.

Days of the week you'd like meals:

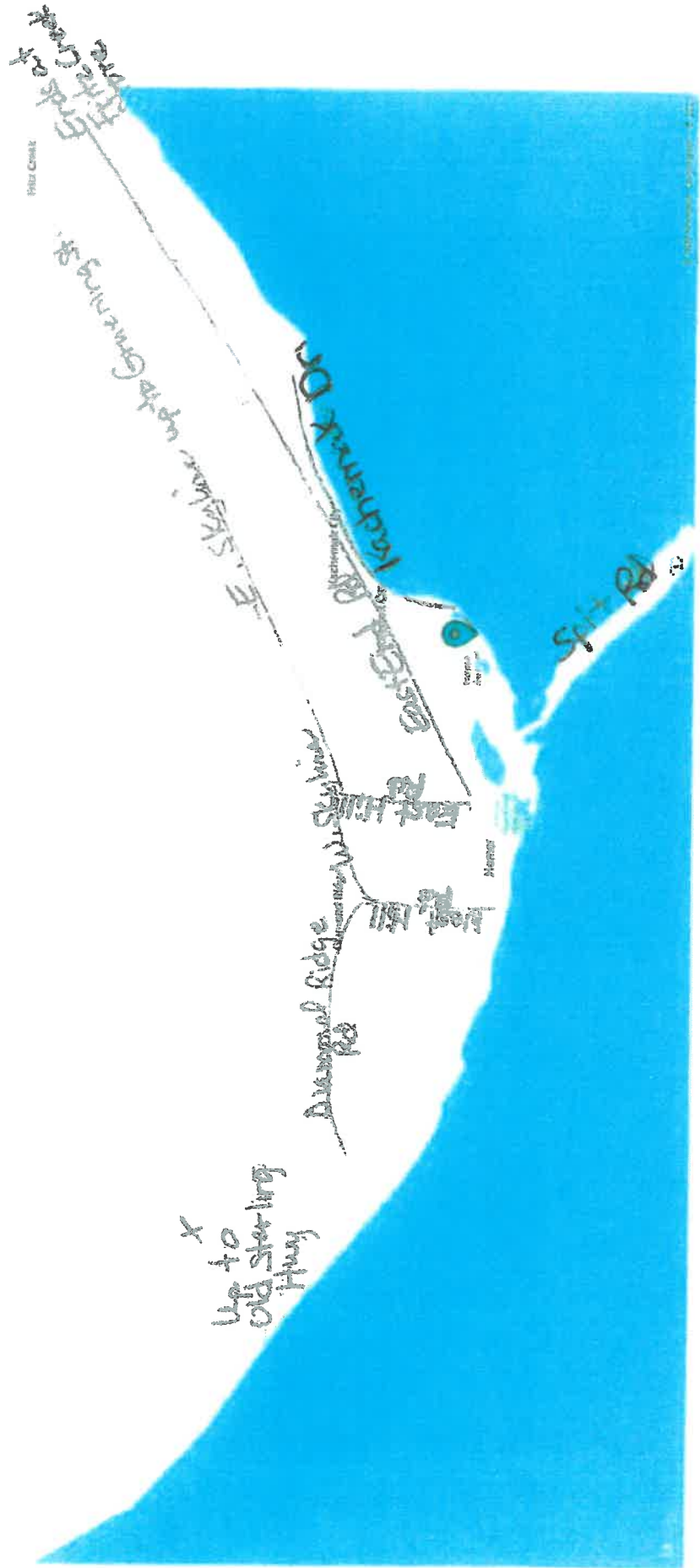
Mon Tues_Wed_Thurs Fri_Sat Sun

Weekend meals will be delivered on Fridays.

Thank you for your interest in the Home Delivered Meal program. We will contact you as soon as possible with your eligibility determination for this program.

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DELIVERY ROUTES FOR MEALS ON WHEELS - HOMER SENIOR CITIZENS, INC.