



## 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. On Sterling Hwy up to the Old Sterling (8 mile) 2. East End Rd to the old Fritz Creek General Store 3. East Hill Rd 4. West Hill Rd 5. DiamondRidge Rd 6. W. Skyline Rd to West Hill 7. E. Skyline Rd to Gruening St. 8. Kachemak Drive & Spit Rd.

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. At the end of each month, you will receive a statement showing meals you've received and the suggested donation amount to send to HSC.

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: \_\_\_\_\_

\$20 Deposit for Reusable Container rcvd?

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

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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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