

TORRANCE ♥ LOMITA MEALS ON WHEELS



I wish to receive Meals On Wheels service and agree to and understand the following:

1. I understand that the Meals on Wheels delivery service is designed to help me while I am recuperating or until I can make other arrangements.
2. I agree to be ready to eat between 12 noon and 1:15 PM Monday through Friday, except on those holidays shown on the reverse side of this agreement when there will be no deliveries.
3. I understand that the fee is \$5.00 per day for two meals per person payable in advance. Service will begin with a probationary period of 2 weeks. After that, billing will be on the first of each month. The number of delivery days for each month is listed on the calendar on the reverse side. There is no credit given for absences, unless I am hospitalized. If I cancel service during the first 2 weeks, I understand there will be no refund of unused fees.
4. I understand that M.O.W. may discontinue the service at any time if I no longer meet the following eligibility requirements: 1) be homebound and unable to shop or walk to a nearby source of food or restaurant; 2) be unable to drive; 3) be unable to cook or prepare a meal for myself due to restrictive physical/mental conditions or frailty; and 4) must live alone, in most cases. If another able adult relative or friend lives with me, and is gone for the day, they must be unable to prepare lunch for me. Extended absences of 2 or 3 weeks may result in discontinuing service.
5. I will notify the M.O.W. Office at (310) 542-3434 one day in advance if I will not be home. Office hours are from 8:30 AM to 1:30 PM Monday through Friday, but a message can be left on our answering machine at any time. If I cancel meals frequently, my service may be discontinued in order to give my place to others whose need may be greater than mine. If I occasionally plan to be gone at delivery time, I will leave a cooler outside my door to hold the meals until I return. Our delivery team looks forward to seeing and speaking with you frequently to make sure all is well.
6. I am aware that all food served is dated and should be eaten or refrigerated shortly after delivery. I agree that outdated perishable food may be picked up and discarded by the delivery team.
7. I have adequate refrigeration for any food that is not eaten.
8. I do not need a special diet.
9. I understand that the rules for acceptance and participation in the Program are the same for everyone without regard to race, color, religion, national origin, age, sex, or disability.

Print Name _____ Signature _____

Address _____ Date _____

Paid \$ _____ for dates _____ thru _____ Number of delivery days _____

Cash Check Name of M.O.W. Representative _____

Revised 2/04