



IRVINE MEALS ON WHEELS PARTICIPANT AGREEMENT

PARTICIPANT RIGHTS AND RESPONSIBILITIES

RIGHTS:

1. I have the right to express any concern with the Irvine Meals on Wheels services by calling 949-724-6910. My dissatisfaction will be recorded in writing. I have the right to an appeal by contacting the Office on Aging at 800-510-2020.
2. I have the right to privacy. All records are confidential and unavailable to the public.
3. I have the right to contact my assigned Care Manager or Meals on Wheels Coordinator at 949-724-6910 at any time with a need or concern.
4. I have the right to discontinue meal delivery services at any time.
5. I have the right to review information in my file by requesting a scheduled appointment with program staff.
6. Should Irvine Meals on Wheels need to terminate services for any cause, I will be informed in writing 30 days prior and Irvine Meals on Wheels will provide me with alternate service referrals.

RESPONSIBILITIES:

I agree to the following Irvine Meals on Wheels program requirements:

1. I understand that Irvine Meals on Wheels is made available to qualifying Irvine senior residents age 60 and over, who are homebound, unable to shop, cook or prepare meals due to health limitations with no available alternative, and upon space availability in program. In some instances, a spouse living in the home may also be eligible for meal service. The Irvine Meals on Wheels program is partially funded through federal programs, therefore guidelines must be met at all times to ensure continued program funding. Eligibility is reassessed quarterly.
2. I understand three meals per day are delivered, and include: a hot lunch, which is the main meal to be eaten immediately; a cold dinner; and a breakfast for the following day. Participants must receive all three meals; various meal choices are not available at this time. These three meals meet the recommended daily nutritional allowance.
3. I understand that Irvine Meals on Wheels is unable to accommodate dietary restrictions or allergies.
4. I understand that cold meals should be refrigerated immediately and are intended to be consumed as the evening meal and following day's breakfast. I understand that each meal package is marked with the day on which the food is to be eaten, and agree to look at the dates carefully. Uneaten meals should be frozen or discarded after two days. I understand it is my responsibility to properly store and refrigerate food. Stockpiling food may result in discontinuance of service, for food safety reasons.

IRVINE MEALS ON WHEELS PARTICIPANT AGREEMENT

PARTICIPANT RIGHTS AND RESPONSIBILITIES

5. I agree to be home between the hours of 11 a.m. and 1 p.m. on scheduled delivery days to receive my meal delivery. If I cannot receive meals from the driver personally I must make arrangements for an alternate delivery location (i.e. neighbor or leasing office). I understand I must notify the Meals on Wheels office or leave a note on my front door regarding alternative delivery information. I understand that meals may not be left at the doorstep and food must be handled in accordance with County health regulations and program meal handling instructions. If I am not home to receive the delivery, and no alternative location has been identified, meals will not be delivered that day.
6. I understand there are no meal deliveries on Saturdays or Sundays. In some cases, frozen or shelf stable meals, intended for weekend or holiday consumption, may be delivered on a designated day during the month.
7. If I must cancel a meal delivery, I will contact the Irvine Meals on Wheels office at 949-724-6910 with a minimum of TWO days advance notice. A cancellation message may be left on the office answering machine after business hours.
8. I understand that three missed deliveries within three months without an alternative delivery plan, and/or multiple cancellations without proper notice, may result in discontinuation of meal services.
9. I understand that home delivered meal service may be placed on hold if I am hospitalized or away from home for an extended period of time. Upon available space in the program, meal service may resume when I return home if the service is still needed. I understand that if the hold extends beyond three weeks, I may need to reapply to the program in order to restart meal service.
10. I agree to receive the required Nutrition Education and quarterly program assessments with a City of Irvine Care Manager to review my continued need for the service and discuss other concerns I may have. Assessments will include home visits and telephone contacts and will be scheduled at a mutually convenient time for the Care Manager and myself. Quarterly reassessments are required in order to recertify my eligibility for the program.
11. I understand the suggested donation toward the cost of meals is \$6 per day (includes three meals); however, **no qualified senior is turned away from receiving services based on an inability to pay.** Pre-addressed, pre-paid donation envelopes will be provided on a monthly basis. Donations are greatly appreciated and go toward food and packaging costs. Donations may be made by check, payable to the City of Irvine or Irvine Meals on Wheels.
12. I understand that meal deliverers cannot accept tips or gifts. Positive comments or notes are welcome and greatly appreciated, as they are part of the program's evaluation process. I will also be provided with an annual survey to provide feedback on the program services received.

IRVINE MEALS ON WHEELS PARTICIPANT AGREEMENT

PARTICIPANT RIGHTS AND RESPONSIBILITIES

13. I understand that all household pets must be kept securely behind closed doors during the meal delivery time frame.
14. I understand that I am not to ask delivery drivers to do favors (e.g. mail, trash, medication or transfer assistance).
15. I understand that if I need additional in-home assistance I may contact the Meals on Wheels office at 949-724-6910 for referrals.
16. I understand that meal service may be cancelled if I am no longer in need of Meals on Wheels services, no longer meet program eligibility criteria or when deemed necessary by program staff. I understand that a 30-day notice of cancellation will be provided.
17. I understand that I will need to provide a copy of my photo identification (driver's license, state identification or passport) verifying my age and date of birth for program eligibility.
18. I understand that a "Certificate of Need" from my physician may be required to be on file with the Meals on Wheels program in order to remain eligible for meal service. I have given permission for Irvine Meals on Wheels to contact my doctor regarding meal service.
19. I hereby release the City of Irvine, its officers, agents, employees and representatives from and against any and all losses, damages, liability, claims, suits, costs and expenses whatsoever arising from, or in any manner, connected with my participation in the Irvine Meals on Wheels program.

PARTICIPANT SIGNATURE*

DATE

RESPONSIBLE PARTY SIGNATURE*

DATE

CITY STAFF SIGNATURE

DATE