



# TORRANCE-LOMITA MEALS ON WHEELS



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

1. I understand that Meals on Wheels is a temporary service designed to help me while I am recuperating or until I can make other arrangements to provide the services I need.
2. I agree to be ready to eat between 12 noon and 1:15 PM Monday through Friday. Meals on Wheels do not deliver on the following legal holidays: New Year's Day, Memorial Day, 4<sup>th</sup> of July, Labor Day, the Thursday and Friday of Thanksgiving and Christmas Day.
3. I understand the fee is \$6.00 per day for two meals, per person, payable in advance (subject to change with notice). Service will begin with a probationary period. After that, billing will be on the first of each month. **Credit will be given only for hospitalizations.** If I cancel service during the probationary period, I understand there will be no refund of unused fees.
4. I understand that Meals on Wheels eligibility requirements are: 1) be homebound and unable to shop; 2) be unable to drive; 3) be unable to prepare a meal; and 4) live alone and/or be without a caregiver (in most cases).
5. I will notify the Meals on Wheels Office at (310) 542-3434 two (2) days in advance if I need to cancel for any reason. Office hours are from 8:30 AM to 2:30 PM, Monday through Friday. A message may be left on the answering machine at any time, day or night. If I cancel meals frequently or have extended absences of 2 or 3 weeks, my service may be discontinued in order to give my place to others whose need may be greater than mine.
6. I understand that meals cannot be left on my doorstep. If I plan to be gone at delivery time, **I agree to leave a cooler outside my door to hold the meals until I return. The cooler must contain an ice pack to ensure food safety.**
7. I am aware that the hot meal is dated and all food should be eaten or refrigerated shortly after delivery. I agree that outdated perishable foods may be picked up and discarded by the delivery team.
8. I have adequate refrigeration for any food that is not eaten upon delivery.
9. I do not need a special diet.
10. 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.
11. I understand that the delivery team members are volunteers and they do not accept gratuities.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Paid \$ \_\_\_\_\_ From \_\_\_\_\_ Thru \_\_\_\_\_ Number of Delivery Days \_\_\_\_\_

Cash     Check    M.O.W. Representative \_\_\_\_\_