



Homer Senior Citizens, Inc.

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

Thank you for your interest in the Meals on Wheels Program!

We are happy to be able to provide this service to persons 60 years or older who are unable to attend congregate meals because they are homebound or disabled in a manner that makes it medically, psychologically, or socially inadvisable, or if they are ill, or because weather or emergency conditions make it unsafe to get to or from congregate meals.

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 doctor, family or caregiver to receive home delivered meals, please fill out the attached forms and return to Homer Senior Citizens, Inc. A doctor's note 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 delivery area is to the Old Sterling (8 mile) and east to the Fritz Creek General Store and up East and West Hill to the Skyline cutoff. Due to food safety concerns, Homer Senior Citizens, Inc. will NOT leave food at a residence if no one is there. If you are not going to be home during the noon hour, please call 235-7655 before 9:30 am.

Please take a moment to read, fill out and return the enclosed forms in order to receive meals. We also ask that you make a \$20.00 refundable deposit toward the special trays that your meals will be delivered in. A donation of \$7.00 is appreciated for each meal delivered.

Always feel free to call Kate, 235-7655 ext. 53 or Paula at 235-7655 ext. 50 if you have any questions or comments about the program, or if there needs to be changes in your service. Special meals are not available in the Meals on Wheels Program and meals will NOT be left at your home when you are not there.

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

Over 40 Years of Great Service Helping Seniors "Live Life to Its Fullest"

www.homerseniors.org



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REUSEABLE TRAYS

Meals will be delivered in reusable trays. There is a \$20.00 refundable deposit on these trays.

With these trays, please:

1. **DO** Rinse them out for us before you return them, or before they are picked up by the person delivering your meal.
2. **DO** Use a microwave if you want to reheat the food.
3. **DO** Remove the food to a different container if you want to heat the food on top of the stove or in the oven.
4. **DO NOT** Place the tray directly on a stove burner to heat the food.
5. **DO NOT** Heat up the food in the oven in these trays.

THANKS TO ALL OF YOU WHO SEND YOUR DONATION

The suggested donation for each home-delivered meal is \$7.00. It is the same amount suggested as if you had lunch at the senior center. A donation form will be sent at the end of the month with the number of meals received and the suggested donation amount. We rely on donations to make this program successful. Call 235-7655 if you need more information.

THANK YOU!



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HOME DELIVERED MEALS ASSESSMENT

DATE: _____

Last Name: _____ First Name: _____

Phone Number: _____ DOB: _____

Referred by: _____ Phone: _____

Doctor: _____ Phone: _____

Care Coordinator: _____ 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

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

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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? _____

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.

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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