Meals On Wheels Program Application

Please return to:

Cove Communities Senior Association

The Joslyn Center

73-750 Catalina Way
Palm Desert, CA 92260
Phone: 760-340-3220 Fax: 760-568-9230

Meals delivered to:
Indian Wells
Palm Desert
Rancho Mirage
Sun City (Palm Desert)

Name:_____ Date of Birth: _____

Spouse/Partner:_____ Date of Birth: _____

Community Name:_____ Gate Code:_____

Address: _____ Unit/Apartment Number:_____

City: _____State: _____ Zip: _____

Home Phone: _____ Cell Phone:_____

Email Address:_____

EMERGENCY CONTACT INFORMATION

Person(s)_____Relationship: _____

Address: _____

City: _____State: _____ Zip: _____

Home Phone: _____Cell Phone: _____

Email Address: _____

REASON MEALS ARE NEEDED: _____

_____

FOOD/DIETARY NEEDS

Days to Receive Meals - Check each day that applies

Monthly Menu Available for Fresh & Frozen

❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday

❑ Frozen Meal Saturday ❑ Frozen Meal Sunday

Do you wish to receive Dessert? ❑Yes ❑No ❑Sugar Free ❑Regular

_____ **Total Number of Meals per Day**—No More than one meal per person, per day

For Office Use Only

Application Date:_____

Date Delivery Begins:_____

Service End Date: _____

ROUTE:_____

Meals on Wheels for Pet Program

Do you need pet food delivered?

❑Yes ❑No Number of Pets:_____

Dog _____ Cat _____

Please Note– Pet food is delivered once a week free of charge

Revised: 9/29/2022

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Important Information

- Please note that there may be low or no salt in the preparation of your meal. Please take time to season your meal to your individual taste.
- When ordering meals from the menu, **please cross out the meals you do not wish to have** due to food allergies and/or desires. However, there will be no substitutions and thus, no meal will be delivered on that day.
- **Meal Orders: Please sign your meal order requests**. We need to know who to deliver to!
- **Meal Cancellation Policy**: If you are going to cancel a meal(s), we require a week's notice. We order all meals a week in advance. We may have to charge you for a cancelled meal if we did not receive the cancellation notice in time.
- **If you are not going to be home during the time your meal is to be delivered**, please leave an insulated container and ice pack at your door. Our Volunteer Drivers will leave a meal ONLY if a cooler is available. If you are not home and no cooler is available, NO MEAL will be left, but you will be billed for that meal.
- **Meals must be ordered for a minimum of one (1) month. A minimum of three (3) meals per week is required**.
- If you cancel your meals for two (2) weeks in a row, we will remove you from the program. Exceptions are for hospital stays and vacations.
- **Instructions for Reheating Meals:** Do not reheat meals in the Styrofoam container. Meals can be reheated in a microwave oven– place the meal on a safe microwave dish and heat on HIGH for 2 to 3 minutes. To heat in a regular oven, remove the food from the Styrofoam container and place in an oven safe dish.
- **SPECIAL DIRECTIONS FOR EXTREME WEATHER CONDITIONS**: Due to extreme heat in the summer and other weather conditions throughout the year, the following apply-

  If you are not home for any reason when your meal is delivered (deliveries occur between 9 am—12:30 pm), and you do not have a cooler available for your meal to be placed in, **NO MEAL WILL BE LEFT.**

  You will still be BILLED even if the meal is not left. Coolers are readily available at drug stores, supermarkets, Wal Mart, and/or special order through The Joslyn Center.

  Ice packs in your cooler are necessary! Because we care about your health and the freshness of the food delivered, we request that a cool pack or ice pack be left inside your cooler.

Release of Information/Pictures/Video

I hereby authorize the Joslyn Center to disclose pictures/video taken of me, information and/or statements I have given through interviews with staff, in press releases, articles, newsletters or advertisements.

Signature(s) Required: _____ Date: _____

"Because We Care…"

Completed applications can be dropped off at The Joslyn Center, mailed in or faxed. If you have any questions regarding the Meals on Wheels program, including payment and billing information, please do not hesitate to contact Bob Elias, Social Service Director.

Phone: 760-340-3220, ext. 110 or email to: bobe@joslyncenter.org.

Fee Information

Meals are delivered weekdays, Monday through Friday except holidays, by our Volunteer Drivers. Frozen meals for weekends are delivered on Thursdays or Fridays. A minimum commitment of one (1) month is required. Meal costs to the Joslyn Center are: $6.50 per fresh, weekday meal and $5.00 per frozen, weekend meal.

What can you afford to Pay?

$_____Weekday Meal (Fresh) $_____Weekend Meal (Frozen)

The Joslyn Center is a non-profit organization that raises funds through grants, foundations, fundraising events and donations to support the costs of the Meals on Wheels and other programs. We realize that meal costs may be a hardship for some. The Joslyn Center's policy is to never deny meals due to inability to pay. We work on the honor system and where the cost is a hardship, we will find a sum that is comfortable for you and adjust accordingly and confidentially.

Important Information About Meals on Wheels Billing

A minimum of one (1) month commitment is required. Applications must be completed and returned to The Joslyn Center for processing with signatures and payment of two (2) weeks of meals paid in advance, **made payable to The Joslyn Center (memo line—Meals on Wheels)**. We will bill you monthly thereafter. Cancelled meal requests must be received by the Thursday of the prior week. Delivery will start the first Monday after receipt of the above.

Your signature below is required to begin the program and indicates that you have read and agreed to the information provided.

I hereby release The Joslyn Center and City of Palm Desert and their officers, agents and employees from and against all loss, damages, liability, claims, suits, costs and expenses, whatsoever, arising from or in any manner connected with my participation in the Meals on Wheels program.

Signature(s):_____ Date: _____

Payment/Billing Information

Payments should be received by The Joslyn Center by the 15th and no later than the 20th of each month to avoid cancellation. If paying by check, please make out to: The Joslyn Center

Please send monthly bill to:

_____

First Name Last Name

_____

Address City State Zip Code

Meals on Wheels Program Coordinator — Bob Elias, Social Service Director

Phone: 760-340-3220, Ext. 110 FAX: 760-568-9230 or email to: bobe@joslyncenter.org

Meals On Wheels Program Application

Meals on Wheels Recipient Information:

This information will be kept confidential unless disclosure is required by law. Thank you!

Are you a member of The Joslyn Center? ❑Yes ❑No

Would you like information on how to become a member? ❑Yes ❑No

Do you have an in-home medical alert system? ❑Yes ❑No

Would you be interested in receiving information on an affordable medical alert system? ❑Yes❑No

How did you hear about the Meals on Wheels Program? _____

Special Programs/Opportunities

The Joslyn Center offers a weekly telephone call for those that need a little extra support. Would you be interested in receiving a weekly check in call from our Telephone Safety Net volunteers? ❑Yes ❑No

The Joslyn Center and Jewish Family Service of the Desert offers a twice monthly outreach program – *Let's Do Lunch*. Program participants are brought to The Joslyn Center campus on the 1st and 3rd Wednesday of each month for a meal and fun activity at no charge! Entertainers, art & craft workshops, special spa days are just some of the activities at the *Let's Do Lunch* program. Would you be interested in hearing more about this program? ❑Yes ❑No

Applicant Demographic Information

Marital Status:

❑Single ❑Married ❑Widowed ❑Separated ❑Divorced ❑Partner

Household Composition:

❑Lives alone ❑With spouse ❑With partner ❑With children ❑With relatives

Other (Please explain):_____

Housing Arrangement:

❑Homeowner ❑Renter (Private) ❑Renter Senior Housing ❑Renter Public Housing ❑Group Home

Other (Please explain):_____

Ethnicity:

❑Caucasian ❑Hispanic Origin ❑African Origin ❑American Indian ❑Asian Origin

Other:_____

Religious Preference:

❑Catholic ❑Christian ❑Muslim ❑Buddhist ❑Jewish ❑Hindu Other:_____

Special Conditions:

❑Hearing Impaired ❑Blind ❑Walker ❑Wheelchair ❑Oxygen ❑Bedridden

Other:_____

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
SELF-CERTIFICATION FOR PRESUMED CLIENTELE

1) CLIENT INFORMATION: (Please Print)

Name: _____

Address
or Mailing Address: _____

City & State: _____ **Zip** _____

2) CATEGORY:

I certify that [I am/ my family is/ are] eligible under *24 CFR 570.208(a)(2)(i)(A)* guidelines:

Choose One

- ☐ Senior Citizen (62+)
- ☐ Severely Disabled Adult *
- ☐ Abused Child *
- ☐ Migrant Farm Worker
- ☐ Homeless Person
- ☐ Illiterate Adults *
- ☐ Victim of Domestic Violence
- ☐ Person Living with AIDS

*** If this certification is being filled out on behalf of a qualifying individual, please indicate so in the certification box below.**

3) FAMILY SIZE: (check ONLY one) 1☐ 2☐ 3☐ 4☐ 5☐ 6☐ 7☐ 8☐

4) ETHNICITY: (Select ONLY one from the Single-race or Multi-race categories)

Single race category

- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian/Other Pacific Islander

Multi-race category

- ☐ American Indian/Alaskan Native & White
- ☐ Black/African American & White
- ☐ Hispanic/Black/African American
- ☐ Hispanic/American Indian/Alaskan Native
- ☐ Hispanic/Native Hawaiian/Other Pacific Islander
- ☐ Hispanic/American Indian/Alaskan Native & White
- ☐ American Indian/Alaskan Native & Black/African American
- ☐ Hispanic/American Indian/Alaskan Native & Black/African American
- ☐ Other Multi-race (ONLY if, non-of-the-above categories identifies you)
- ☐ Asian & White
- ☐ Hispanic/White
- ☐ Hispanic/Asian
- ☐ Hispanic/Asian & White
- ☐ Hispanic/Black/African American & White

5) CERTIFICATION:

I, _____(Signature), on _____(Date), hereby acknowledge that eligibility for assistance under this CDBG-funded program is based upon my qualification as a person/family meeting the "presumed" category under *24 CFR Part 570.208(a)(2)(i)(A)* . I agree to provide supporting documentation if requested by the County of Riverside or the U.S. Department of Housing and Urban Development (HUD).

*** I have completed this certification on behalf of the client named in Section 1 above.**

_____

(Signature) **(Date)**