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| *Meals on Wheels for Henderson County* |
| **Meals on Wheels Client Handbook** |
| **Effective January 1st, 2024** |

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| Nutrition Services Staff: 2024 |

Address: 105 King Creek Blvd.

Hendersonville, NC 28792

**MOW Service Line**: **(828) 692-6693**

Main Office Line: (828) 692-4203

Website: COAHC.ORG/Meals-On-Wheels

Hours: 8:00 am - 4:00 pm M-F

Dear Meals on Wheels recipient,

Welcome to Meals on Wheels of Henderson County! Meals are typically delivered between 10:30 AM and 1:30 PM, Monday - Friday. *Please do not call the office to check on the meal delivery status before 1:30 p.m., staff will instruct you to wait.*

Meals will be delivered to you by trained volunteers who give their time and use their automobiles receiving no compensation to deliver this service. If you feel inclined, please share your appreciation with a kind word of thanks to them. Volunteers are unable to accept gifts or tips from clients.

In this packet, you will find information about the program, guidelines for clients, and policies and procedures.

We welcome any feedback you may have regarding the meals and our services.

For questions, comments, and suggestions, feel free to contact our team using the information below.

We look forward to serving you for your nutritional needs.

Sincerely,

**Kevin W. Laffond**

Meals on Wheels of Henderson County

The Council on Aging for Henderson County

**Meals on Wheels of Henderson County Team Members:**

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**ABOUT MEALS ON WHEELS FOR HENDERSON COUNTY**

*(May be referred to as MOW or MOWHC)*

As part of the national Meals on Wheels program, our focus is on delivering nutritious meals to individuals aged 60 and above in Henderson County who lack reliable transportation, do not have a daytime caregiver, and may experience food insecurity or difficulty accessing meals. We aim to maintain seniors' independence in their homes by providing 5 nutritious meals per week. Additionally, our trained volunteers' meal deliveries serve not only to alleviate isolation and loneliness but also foster meaningful relationships, making our service more than just a meal delivery but a source of companionship.

MOW is available to **Henderson County residents** who are **60 years of age or older**, who are **homebound, unable to prepare their meals,** and **have no one at home to prepare meals for them**.

Meals are delivered Monday through Friday between **10:30 AM** and **1:30 PM** except for scheduled holidays and emergency closures. A list of holiday closures can be found on **page 5**.

**ABOUT THE MEALS**

Home-delivered meals are sourced from either Pardee Memorial Hospital or AdventHealth. These meals are specifically designed to be low in sodium and fat, meet one-third of the Dietary Reference Intakes (DRIs), and align with the latest USDA Dietary Guidelines for Americans. Access the menu at www.coahc.org/meals-on-wheels. If you don't have internet access, simply inform your volunteer or a Meals on Wheels staff member, and we'll provide you with a paper copy. Menus rotate every 4 weeks and change twice each year.

Each meal includes a main entree and side items with carbohydrates, fruit, and/or vegetables. Furthermore, each delivery will contain 1-2 snack items, and upon request and availability, 2% milk cartons can be provided.

Multiple meal delivery options might be available based on your location.

* **Prepared Hot Meals**: These meals are accessible in specific areas around greater Hendersonville. Meals are freshly prepared daily from Monday to Friday and delivered to the client's home by a trained volunteer. These meals may be unavailable for clients living outside of city limits.
* **Frozen Meals**: These are prepared fresh, cooked thoroughly, and then frozen and delivered once a week by our trained volunteers. We also offer the option of having a caregiver pick up these meals at the Council on Aging for Henderson County central office. Frozen meals can be heated in a microwave at the client’s convenience. The heating instructions are provided on page 13, available online at [www.coahc.org](http://www.coahc.org), or provided with a meal delivery (by request only).
* **Shelf-stable (Boxed) Meals**: These meals are generally provided for the winter months in case of emergency or holiday closures. However, they can also be provided to clients living in remote areas if available. Shelf-stable meals are only ordered at the discretion of the program manager.
* **Shipped Frozen Meals**: Delivered through FedEx or UPS, these meal kits contain two weeks of weekday lunches and are delivered directly to your door. Beginning in 2024, these meals will only be available to clients on a private-pay agreement.

**SERVICE PAYMENT, GRANT, AND COST-SHARING OPTIONS**

*Due to limited funding and unusually high service requests, Meals on Wheels Henderson County gives our clients options for receiving this service.*

**PRIVATE PAY –** Clients requesting private pay may bypass route waiting lists and receive meals immediately. Private pay is only available at the discretion of staff, and participants will be charged for all meals that are not canceled before noon, the business day before delivery.

**PRIVATE PAY TERMS AND CONDITIONS**

* Private Pay clients must fill out and sign the Private Pay Meals on Wheels Agreement (page 12), specifying meal preferences and the responsible party for payment. The Council on Aging for Henderson County will charge the cost of the prior month’s meals at the beginning of each month. Receipts are available digitally or on paper on request.
* Clients are encouraged to utilize recurring credit/debit card billing to prevent service interruptions. Paper invoices are available upon request, with payment due no later than 15 days after the invoice mailing date. Failure to pay will result in discharge from the program.
* Private pay meal delivery is currently $10 per meal. Recipients of frozen meal deliveries will receive sets of 5 or 10 meals at once, depending on the source.

**GRANT ASSISTANCE** – Clients who choose not to participate in the private pay option may participate in the grant assistance option. Grant funding availability is limited, potentially resulting in a waiting list. Please refer to page 7 for details on the waiting list. This funding is only available to clients meeting very specific qualifications, most service requests do not meet these qualifications.

**COST SHARING** – No one is ever going to be turned away because of the inability to pay for their meals. However, as a non-profit, we have limited availability for clients who are unable to share the meal costs, and as a non-entitlement program, no one is guaranteed service.

If a client experiences a problem with mailing contributions, please contact the MOW staff so that other arrangements can be made. Our office can accept bank cards over the phone, and donations can be made on the donation portal at www.coahc.org. If you are donating specifically to MOW, please include this in the notes.

**CONSENT TO RELEASE OF INFORMATION**

By becoming a client of the Meals on Wheels program, you authorize the Council on Aging for Henderson County to release and/or obtain necessary information about yourself to related agencies, physicians, and/or individuals for the coordination of services. All relevant information shall be released and/or obtained on your behalf.

You consent that you understand the contents to be released, the need for the information, and the statuses protecting the confidentiality of the authorized information.

This agreement also gives consent to share your information with our MOWHC volunteers before each delivery and immediately following discharge from the program. Our volunteers often build a personal connection to the clients they deliver to. We obtain this release to be able to update our volunteers when there is a change in your status. This release is mandatory for participation in Meals on Wheels.

**MEAL ORDERING AND CANCELLATIONS**

MOW Staff will conduct an initial in-home visit to determine eligibility and complete the necessary paperwork. After this assessment, the number and days of the week meals are delivered will be agreed upon. Routes are already pre-set, so the client must be prepared to accept meals on their given day.

**It is the responsibility of the client to notify MOW staff when:**

* The client needs to cancel a meal due to being away from the home temporarily (medical/dental appointment, family visit, etc.) which occurs during the time the meal is scheduled to be delivered unless someone will be available to receive the meal at the client’s residence. Meals must be canceled before noon, the day before the meals are to be delivered. **VOLUNTEERS CANNOT LEAVE HOT MEALS UNATTENDED WITHOUT PRIOR AUTHORIZATION!! THIS IS A HEALTH CODE VIOLATION. In special circumstances, frozen meals may be left if they have been authorized by staff before delivery.**
* The client will be absent from the home for a period (hospitalization, nursing facility, rehab, etc.). Meals on Wheels must be notified 24 hours ahead of meal delivery or at the first available opportunity to place a hold on the client’s meal deliveries.
  + If the client is absent from the home longer than 30 days, Meals on Wheels staff may remove the client from the route to serve someone from the waiting list. Upon returning from the absence, the client may reapply for Meals on Wheels and will be added back to the route if there are openings and funding available.
* Emergency cancellation – This can be a hospital emergency or a family emergency. We do understand that life happens, so when a client is experiencing an emergency, the client must notify Meals on Wheels staff as soon as feasible. To resume nutrition services, the client must notify Meals on Wheels staff two days before the next meal delivery date. Meals missed due to emergency will not count towards missed meal counts. \*\*See late-cancellation policy\*\*
* It is also necessary for the client to provide an accurate and up-to-date emergency contact number along with a current number for a phone at their residence. A minimum of one alternate number for a family member, friend (non-volunteer), neighbor, or caseworker must be provided.

**INCLEMENT WEATHER POLICY**

During the winter months, Meals on Wheels for Henderson County maintains concerns over potential bad weather situations (snow/ice/heavy flooding). In the event of severe weather, the program will operate on the same schedule as **Henderson County Public Schools**. If the schools are closed, meals will not be delivered. WLOS news can also notify clients of closures. If severe weather is to be expected during your delivery day, you may call the MOWHC office to inquire about picking up meals on an alternate day.

**HOLIDAY CLOSINGS**

**MOW will not be served on the following holidays:**

**2024 Holidays: New Years Day: January 1st – Martin Luther King Jr. Day: January 15th –Memorial Day: May 27th – Independence Day: July 4th – Labor Day: Sept 4th – Thanksgiving: November 23rd and 24th – Christmas Holiday: December 25th and 26th.**

*A holiday closing schedule may be provided to clients upon request.*

**SHELF STABLE MEALS**

Shelf-stable meals for non-serving days, weekends, holidays, and inclement weather are available for clients of MOW if they are available. These are generally ordered in November each year.

**EMERGENCY MEAL PLAN**

If funding is available, in November an Emergency Meal plan will be implemented in the event of inclement weather. Clients may request an emergency box containing a minimum of two shelf-stable meals. Meals on Wheels staff may be able to provide clients with a set of meals for holiday usage if given at least two weeks of advance notice.

**CLIENT SERVICE PRIORITIES**

Referrals received by MOW will receive services according to the policies and procedures established by the N.C. Division on Aging and Adult Services Nutrition Standards and the Council on Aging for Henderson County’s internal operating procedures. They are as follows:

* Individuals who have been abused, neglected, and/or exploited as substantiated by the county Department of Social Services and for whom the service is needed as part of the adult protective service plan.
* Individuals who are at risk of abuse, neglect, or exploitation.
* Individuals who do not have a caregiver or another responsible party are available to assist with care.
* Individuals who experience impairment in the performance of activities of daily living (ADL) and instrumental activities of daily living (IADL). Priority will be given to those clients who do not have a caregiver to assist with these activities, or whose caregiver is present less than three days per week.
* Individuals who are otherwise eligible and are below the federal poverty level or identify as a minority population.

***Explanation of ADL and IADL:***

**Activities of Daily Living (ADL) Include** Eating, dressing, bathing, toileting, bowel and bladder control, transfer, ambulation, and communication (ability to express needs to others, i.e., speech, written work, signing, gestures, communication devices).

**Instrumental Activities of Daily Living (IADL) Include** Meal preparation, medication intake, cleaning, money management, phone use, laundering, reading, and writing, shopping, and going to necessary activities.

Each delivery route will be established in writing so that each route can be completed within two hours to ensure the correct temperature per the state Nutrition Standards and the local health department. Staff may revise the route due to circumstances based on their judgment and experience. The most critical referrals will be placed on the meal program first when there is a waiting list.

The Assessment Counselor and Director of Nutrition Services maintain the authority to use their discretion when evaluating client eligibility. When a client is no longer eligible for Meals on Wheels, they may request a referral for Congregate Dining as well as a written explanation for discharge.

**WAITING LIST**

In the event a MOW route opening is unavailable, staff will maintain a waiting list for eligible individuals seeking assistance with their unmet nutritional needs.

* During the initial intake, each referral will be screened by the Nutrition Coordinator to determine needs and make additional referrals for other resources when necessary.
* Upon receiving the referral, the Nutrition Director will review and assign priority. Also, the referral will be registered in ARMS on the MOW Waiting List. Additional contact from MOW staff may also be made if more information is needed due to concerns or to better determine needs and eligibility.

The waiting list is divided into the following 5 levels of service priority for HCCBG funding as mandated by the NC Division of Aging and Adult Services Policies and Procedures Manual:

1. Older adults for whom the need for Adult Protective Services has been substantiated and the service is needed as part of the adult protective service plan.
2. Older adults who are at risk of abuse, neglect, and/or exploitation.
3. Older adults with extensive ADL or IADL impairments are at risk of placement in substantive care.
4. Older adults with extensive (3 or more) ADL or IADL impairments.
5. Older adults who are healthy or who have a daytime caregiver at least 3 times per week. (These clients are **ineligible for grant funding**)

Clients on the waiting list (or caregivers) are contacted twice a year via telephone or in person to collect current information regarding their unmet needs and to update their status on the waiting list. Clients who no longer request, need, or meet eligibility for the service will be removed from the waiting list. If we are unable to contact the client to provide these bi-annual assessments, staff may remove you from the waiting list. We will attempt to contact you three times before waiting list removal.

MOW staff will contact the client (or caregiver) when service is available. A home visit will be arranged for an initial assessment to confirm eligibility, collect information, and complete the required paperwork to implement Meals on Wheels. Please be aware that staff cannot give the exact date of service start until the in-home assessment has been completed.

Clients are opened for services based on the following factors:

1. Availability of funding
2. Level of need.
3. Date of referral.
4. Proximity and availability of meal route.

Please note that additional restrictions may apply for clients who receive grant funding that is not through the Home and Community Care Block Grant. When specific funding sources are exhausted, clients are not guaranteed continued service.

**SUSPENSION AND TERMINATION OF SERVICES**

The following will be reviewed with each new participant and proper documentation will follow each instance of the use of this policy:

1. If a client is persistently rude, exhibits inappropriate behavior, is not home to receive their meal, does not meet safety standards in their home, or does not cancel by noon the day before will be counseled by the Director of Nutrition and may receive a written warning in the mail.
   1. If the problem persists, the Director of Nutrition and/or the Program Coordinator will counsel the client and a second warning will be provided verbally over the phone or through the mail. In some cases, a family member or HCDSS caseworker will be alerted of the consultation.
      1. The Meals on Wheels team may use their discretion to instead provide this warning to the client’s emergency contact if the client cannot be reached, the client has cognitive decline, or if the client’s emergency contact is the main point of contact for the Council on Aging.
   2. A third instance of the same issue may call for a suspension or termination of the client’s participation in the home-delivered meals program. The length of suspension or termination will be determined by the Director of Nutrition Services. The client will be notified by phone and/or through mail.
      1. If the client wishes to continue receiving meals after receiving a termination from the program, the client may instead pay the full cost for the meals to be received in the future at a rate of $10 or the adjusted unit rate. In this instance, a deposit of $100.00 is required for the meal program to continue, along with the total cost of missed meals. This deposit will serve as the last two weeks of service in the instance of failure to pay.
2. A client must restrain pets posing a threat to the safety of the volunteer; failure to do so will cause **immediate suspension or termination** of meals and report to the Humane Society.
   1. If a volunteer is bitten or clawed by a client’s pet, this is an automatic termination of Meals on Wheels services. This will also be referred to the local sheriff’s office for animal control.
3. Clients who are unable to receive meals for a period longer than 30 days will have exceeded long-hold status and will be removed from service. The ability to leave a client on an extended hold is at the sole discretion of the Director of Nutrition.
4. Non-payment for services rendered. (Private Pay or Termination Reinstatement). Payments are due no later than 15 days following the date the invoice is mailed, or the first week of the month on recurring automatic payments.
5. The client no longer meets the eligibility requirements for receiving Meals on Wheels.

**CLOSING OF CLIENT CASES**

It is the policy of MOWHC (Meals on Wheels Henderson County) to close client cases based on the following:

* The client is no longer homebound or drives regularly.
* The client is placed in a long-term care facility; moves out of Henderson County; or moves in with a family member that assumes responsibility for providing a noon-time meal for the client.
* The environment in which the client lives presents a danger to MOW staff and/or volunteers who deliver meals. The client will then be referred to a more appropriate agency, i.e., the police department, Adult Protective Services, or the Department of Social Services.
* The client’s condition or situation has improved, and MOW is no longer needed. Please be aware that income and/or lack of a motor vehicle do not qualify as eligibility criteria.
* The client’s condition/situation has improved, and the client can source or prepare their own meals. Or the client has a caregiver available during the day.
* The client does not receive meals for over 30 days or longer and there is a waiting list for the grant funding.
* The funding source for this client has been exhausted.
* The client has failed three or more times within six months to notify MOW staff when they will not be home to receive a meal (must be notified before noon the prior business day!!).
* The death of a client.

If it becomes necessary to discontinue services (excluding death), the client or responsible party will be notified by telephone or by a letter from the MOW staff stating the reasons for the case closure and the date services will end.

Clients must alert MOW staff if their condition or situation has improved. Clients not meeting all qualifiers but still receiving Meals on Wheels put the agency at risk of being defunded and thus ending the Meals on Wheels program for all participants.

**CLIENT GRIEVANCE PROCEDURES**

**Purpose of grievance procedures:**

The Council on Aging for Henderson County (COAHC) Meals on Wheels program attempts to operate in an orderly and consistent manner. When there are occasions when a client feels as though he/she has not been treated fairly, these grievance procedures provide an outlet for airing the grievance to the appropriate parties. A grievance may be defined as a claim or complaint based on an event or condition which affects the circumstances under which a client is served.

**Grievance Procedures:**

Whenever possible, discuss and work out the grievance with those involved. If that does not result in a positive outcome, please follow the written grievance procedures indicated below. Any comments/complaints may be addressed by calling the Nutrition Programs Manager at (828) 233-1553 or writing to the following address: Attn: Director of Nutrition: Council on Aging for Henderson County Meals on Wheels Program, 105 King Creek Blvd. Hendersonville, NC 28792. or email the Nutrition Program at [mow@coahc.org](mailto:mow@coahc.org).

The Nutrition Director will discuss the grievance with the client and the incident will be thoroughly investigated. If the grievance is deemed valid, corrective action will be taken.

The client making the grievance will be notified within seven (7) business days of the status of the grievance and the decision of the Director of Nutrition. If additional time is necessary to complete the investigation, the client will be notified.

If the client is dissatisfied with the decision, they may contact the Director of Nutrition within five (5) business days of the decision rendered and request further action. If this is the case, the grievance may be escalated to the Assistant Executive Director for the Council on Aging for Henderson County (COAHC).

**PHOTO RELEASE INFORMATION**

By signing this handbook and initialing next to the optional “photo release” line on the back page of this handbook, you hereby authorize the Henderson County Council on Aging, Inc. (“Council on Aging”) to use photographs, likenesses, videos, or other digital media of myself: in any promotion of the agency’s programs and activities -- these promotions may include, but are not limited to, such informational and instructional materials as the production of brochures, slide presentations, videotapes, newsletters, website, and social media posts; and as client identification on our internal server. By initialing on the back page, I understand that this release does not authorize the sharing of any identifying information outside of the previously mentioned media reasons. By signing this handbook, I understand that this release is entirely optional and unrelated to consent to release and share information found on pages 4-5 of this handbook.

I understand and agree that all photos become the property of the Council on Aging and will not be returned.

I hereby irrevocably authorize the Council on Aging to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. I waive any right to inspect or approve the finished product wherein my likeness appears. I waive any right to royalties or other compensation arising from or related to the use of the photos.

I hereby hold harmless, release, and forever discharge the Council on Aging from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or behalf of my estate have or may have because of this authorization.

BY SIGNING THIS HANDBOOK, YOU UNDERSTAND AND AGREE TO THE TERMS LISTED ABOVE. PLEASE NOTE THAT THIS RELEASE IS FOR PHOTO AND VIDEO MEDIA ONLY, AND **NO CONFIDENTIAL CLIENT INFORMATION WILL EVER BE PUBLISHED BY THE COAHC**.



**How to prepare frozen meals**

**Microwaving your meal:**



**All Meal Trays are Safe to Microwave**

**And They are Also Safe to Heat in the Oven**

You may want to take tomorrow’s meal from the freezer and let it thaw overnight in the refrigerator. DO NOT leave food out on the counter to thaw.

**Heating Time**

1. If thawed, heat first for **1-** **2 minutes.**
2. If frozen, heat first for **6 minutes**
3. Let stand for 1 minute.
4. Remove the food from the microwave, it may be HOT!

**AGREEMENT FOR MEALS ON WHEELS PRIVATE PAY SERVICES**

Client Name: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (MI)

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home) (Cell)

Name of Person Responsible for Payment (if different from the client):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (MI)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home) (Cell)

**MEALS OPTIONS REQUESTED:**

Frozen Meals or Hot Meals (Delivered on Designated Day): Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Frozen Meals (Shipped to Residence): Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

I understand that the Council on Aging for Henderson County will provide meals to my residence which I agree to pay monthly as invoiced or billed. Meals purchased and not canceled before noon will be charged to my account. Payment is due in full fifteen (15) days from the date of the invoice. If payment is not received, meal service will be terminated. The client is required to give two (2) weeks advance notice of termination of services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Nutrition Date

Processed through the Council on Aging Finance Department

CC#:

CCV:

Exp: Zip:

**AGREEMENT OF SERVICES**

I have read and understand the following portions of the client handbook. I understand that I can request a copy of this documentation at any time. I understand that refusal to sign may prevent me from receiving services.

**Initial All:**

\_\_\_\_\_Contributions and Cost-Sharing Information (See NCDHHS Appendix B)

\_\_\_\_\_ Consent to Release of Information

\_\_\_\_\_ Cancellation Policy

\_\_\_\_\_ Suspension and Termination of Services

\_\_\_\_\_ Pet Policy (*If Applicable*)

**\_\_\_\_\_** Photo and Video Release (*Optional*)

**Meal Choices:**

**Regular Soft Vegetarian No Pork**

Notes:

**Milk (If Available)**

**Cat Food Dog Food**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Client** **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency Representative’s Signature**   **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness (only if the client signs with an X or mark)** **Date**