

Meals on Wheels Application

Name: _____ Phone Number: _____

Address: _____

Any special diet that you need to be on? _____

Emergency Contact:

If I am **NOT** able to answer the door to receive my Meals on Wheels, please contact the following, to make a welfare check on my behalf:

Name: _____ Phone Number: _____

Relationship to Meals on Wheels recipient: _____

Guidelines:

I understand that a check for my Meals on Wheels service requires that I pay for my meals at least one week in advance at the rate of \$5.00 per day. (Initial here) _____

I understand that checks for my Meals on Wheels service will be made payable to the Golden Age Center. (Initial here) _____

I understand that checks will be sent to:

Golden Age Center

Re: Meals on Wheels

3278 Whitehaven Road

Grand Island, NY 14072

(Initial here) _____

(Tear here and return the top portion to a Golden Age Center staff member.)

Please keep in mind:

- ✓ All inquiries are to be made to the Golden Age Center by calling (716) 773-9682.
- ✓ All requests for dietary changes are to be made to the Golden Age Center. Meals on Wheels is a service that is provided to the frail, elderly, homebound Grand Island resident.
- ✓ At the time when you can drive or you can ride the Golden Age Center bus, you will be expected to relinquish the home delivery service to one who is frail, elderly, and homebound.
- ✓ If you are NOT at home due to a doctor's appointment, please leave a note on your door and a cooler outside the door. The Meals on Wheels volunteer will place your meals in the cooler. The note and seeing the cooler will show the volunteer that you are safe.
- ✓ Meals at the Golden Age Center are served fresh and hot, daily, at a cost of \$5.00. Please feel free to inquire about our Transportation Service and our monthly menu.