

**RIVERHEAD SENIOR CITIZENS' SERVICES**

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# WELCOME

## ***RIVERHEAD HOME DELIVERED MEALS PROGRAM***

*Funding for the home delivered MEALS ON WHEELS Program, (MOW's) is provided by Suffolk Office for Aging (SCOFA) Supplemental Nutrition Assistance Program (SNAP), thru the New York State Office for the Aging and the Town of Riverhead Senior Citizens' Department.*



**Mailing Address : Town of Riverhead Senior Programs 200 Howell Avenue Riverhead, New York 11901**

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### ELIGIBILITY AND CRITERIA

#### **What are Meals on Wheels?**

Meals on Wheels (MOW's) are hot meals delivered to senior citizens that meet the criteria for a home delivered meal program.

#### **Are *all* senior citizens eligible for the program?**

No. Certain criteria must be met to receive meals on wheels.

#### **What is the criteria to receive meals?**

To be on the MOW's program, you must be a Riverhead resident over the age of 60, homebound (unable to attend the congregate program at the senior center) or unable to prepare meals due to a recent hospitalization or a chronic and/or debilitating illness.

#### **How do I get on the list for meals on wheels?**

If you feel you meet the criteria for home delivered meals, you, or someone calling on your behalf, must call the office to schedule an appointment with the meals' coordinator. Whenever possible, a referral from doctor/medical personnel should be submitted to the office. If a special diet is necessary, a doctor's note **MUST** be submitted (see page 6).

#### **Are there any forms that need to be filled out?**

Yes. NYS Office for Aging requires a SAMS assessment form (Social Assistance and Management System) to be filled out by everyone who receives meals on wheels. Soon after your request is received, a person from our staff will visit your home to complete this form.

#### **How is the SAMS form used?**

The form is used as a tool to assess your needs, and to coordinate other available services.

#### **How often will I be required to have an assessment?**

A complete SAMS (Social Assistance and Management System) assessment must be completed once a year, but a phone reassessment is completed every 6 months.

### **How long can I receive meals on wheels?**

Ideally, the program is intended as a short-term service, which should last no longer than 6 months. Following a reassessment however, the length of time can be extended if deemed necessary.

### **What are the criteria for short term service?**

The applicant must fit at least one of the following criteria to be eligible for short-term meal delivery:

- Senior is usually able to cook for themselves, but is recuperating from a major or acute illness.
- The spouse of the applicant usually prepares meals, but is currently hospitalized.
- Applicant is waiting to begin a supportive service (home health aide or placement in a supervised facility).

### **Is There a Waiting List to Receive Meals?**

Unfortunately, due to a high number of requests for home delivered meals and a growing frail and elderly population in our community, there is often a waiting list before your meals can begin.

### **How Long Will I be on the Waiting List?**

Since home delivered meals are designed as a *short-term solution* to a medical problem, delivery ends when the participant's health improves. When a person is taken off the program, delivery begins for someone on the waiting list.

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**-Home Delivered Meals-**

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# A BRIDGE BETWEEN

ILLNESS ← and → WELLNESS

## MEAL DELIVERY

### **What time are meals delivered?**

Meals are delivered between 9:45 and 12:30 MONDAY – FRIDAY.

### **Are meals delivered on holidays?**

If a holiday falls on a regular delivery day (Monday through Friday), we will deliver two meals the day before the holiday: one hot meal and one frozen meal that will need to be heated before eating.

### **What is the cost of the meals?**

A voluntary contribution of \$2.50 per meal is suggested to help offset the cost of meals and delivery.

### **How do I make my contribution?**

**EVERY THURSDAY** when your meal is delivered, your driver will leave a small yellow envelope for your contribution.

**EVERY FRIDAY** your envelope will be collected by your driver. Please have the envelope sealed and ready.

**-Whenever possible, please write a check  
for your contribution-**

### **Should I put my name and address on the envelope?**

Your contribution is anonymous. It is not necessary to write your name on the envelope.

**What if I can not afford to pay the suggested amount of \$2.50/ meal?**

A donation of any amount is welcome. If at any time you are unable to contribute, please seal the envelope and return it to the driver anyway. You cannot be denied a meal if you are unable or unwilling to make a contribution.

**Can my meal be left outside if I am not at home?**

The driver is instructed **NOT to leave a meal** outside or in a cooler if you are not home, due to Board of Health regulations.

**What if I know in advance that I am not going to be home when my meal is delivered?**

If on occasion an appointment keeps you from being home at the time your meal is to be delivered, call the office to let us know and the driver will deliver two meals the day before.

**Can I receive meals for Saturday and Sunday?**

Weekend Meals are available **only** in extreme situations. If you qualify for weekend meals, your driver will deliver 2 *frozen* meals with your Thursday delivery. Remember to keep them frozen until needed.

**What should I do with my meal if I am not going to eat it when it is delivered?**

Your meal **must** be refrigerated (or kept frozen) if you are not going to eat it when it is delivered.

**How do I heat my refrigerated and/or frozen meal?**

If using a **microwave**, you **must remove the meal from the aluminum tray** in which it was delivered and place it on a plate before it can be reheated. If your meal has been refrigerated, it should take approximately 11/2 minutes to heat in the microwave.

If after that time your meal is not heated enough to eat, set the timer at 15-second intervals until the desired temperature is reached.

**If you are using an oven or toaster oven to reheat the meal, the food *can* be left in the aluminum tray when re-heating.** Initially, you can set the oven at 350 degrees for 30 minutes, or until desired temperature has been reached.

## **DIETARY MODIFICATIONS**

### **Doctor Orders and Referrals**

The following is a list of the dietary modifications that can be implemented by the home delivered meals program.

1. Diabetic Diet (no concentrated sweets).
2. Low sodium

Unfortunately, no other restrictions can be accommodated by the program.

All dietary modifications must be in writing by your doctor.

All dietary modifications must be kept current and on file.

## **PROCEDURE**

If you require a change in your diet as stated above, you must submit a written and dated diet prescription to us from your doctor.

Dietary changes must be updated every 6 months.

*When your health improves and your home delivered meals are no longer needed.....*

*You will be encouraged to join your neighbors & friends for a hot noon meal and a few hours of socialization and recreational activities at the Senior Center.*



Riverhead Senior Citizen Services  
200 Howell Avenue  
Riverhead, New York 11901

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Director

(631) 722- 4444 ext. 290

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**Dear Physician:**

Your patient has requested to receive meals from the Town of Riverhead Meals on Wheels program. Our program provides participants a hot meal noon meal, which includes one-third of the current recommended Dietary Allowance for their age group (60 years and older).

Though a regular diet is provided, requests for dietary modifications can be provided to accommodated diabetic and low sodium diets (2400mg). Unfortunately however, this program can provide no further dietary modifications.

To enable your patient to receive a special dietary meal and possible nutrition counseling, we require a signed prescription to be obtained and submitted to our office. Please complete and return this form as soon as possible. If you have any questions, please do not hesitate to call.

Thank you.

Town of Riverhead  
Meals on Wheels Program

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\_\_\_\_\_, a patient under your care,  
Name of Patient

Has requested / Is currently receiving a \_\_\_\_\_ diet.  
circle which applies

Please indicate any change in this dietary prescription and sign below.

Physician's Comments: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Dr. \_\_\_\_\_  
Please Print

**TO DISCONTINUE MEALS ON WHEELS**

If you wish to discontinue your home delivered meals or need to request a change, please fill out this form and return it to your driver as soon as possible, so that the change(s) can be made without delay.

If you have any questions, please do not hesitate to discuss your concerns with your driver, or call the office at 722-4444 ext. 304 or 290.

**Please check whatever applies:**

\_\_\_\_\_ I wish to discontinue my home delivered meals effective

\_\_\_\_\_ I wish to discontinue frozen weekend meals

\_\_\_\_\_ Immediately

\_\_\_\_\_ At the end of this week

\_\_\_\_\_ The end of this month

\_\_\_\_\_ Specific Date

Reason: \_\_\_\_\_

Please Print Name

Signature

Date

## GRIEVANCE PROCEDURE

### CLIENT RIGHTS

1. To be informed of all nutrition services provided, and when and how they will be provided.
2. To be given the name, address, telephone number of any person and affiliated agencies providing care and services.
3. To be given the name address and telephone number of the manager in order to ask questions, express grievances, report absences of meal and or emergencies.
4. To refuse in advance any meals without loss of other services.
5. To be encouraged an assisted to exercise your right to voice grievances; and seek protection from mental, physical and financial abuse.
6. To receive all the services you require without regard to your race, creed, color, gender, sexual orientation, martial status, disability status or political affiliation.
7. To be informed verbally and in writing of the agencies complaint procedures, and to seek
8. The assistance of outside representatives of your choice to resolve complaints, free fee from interference, coercion, discrimination or reprisal.
9. To review your case record.
10. To be discharged from the program in accordance with the following:
  - Be informed in writing of the reason(s) for discharge at least 5 working days prior to discharge
  - When informed in writing of the discharge, also be informed of the opportunity to appeal the discharge and the process for such an appeal.
11. To be treated with consideration, respect and full recognition of your dignity and individuality.
12. To be shown proper and current identification by the person(s) providing services in your home.
13. To have your wishes regarding your home environment, furnishings and possessions respected.
14. To expect that persons coming into your home exhibit appropriate standards of behavior.
15. To be assured of confidential treatment of your case records.

**PROCEDURE FOR FILING A GRIEVANCE**

**Applies to both denial of services and client satisfaction issues.**

1. When denial of services is confirmed in writing the participant or applicant has the right to file a grievance.
2. Participants must submit their grievance in writing to the site manager or the Office for aging, to conduct the initial review.
3. The grievance should be filed within (30) days of denial, reduction or termination of services or of the event or circumstances with which the participant is dissatisfied.
4. The grievance should be filed on the form provided by the AAA, which shall include a written statement that details the date, time and circumstances that are basis of the complaint.
5. Assistance is available, upon request.
6. All grievances will be held in a confidential manner.