



HOME-DELIVERED MEAL SERVICES CLIENT AGREEMENT

Client _____

Staff Contact: **Burbank Nutrition Services**

Address: **PO BOX6459 Burbank CA 91510**

Phone _____

Phone: **(818)238-5366**

- 1) **I agree to be home between the hours of 10:30a.m and 1:00p.m. so the staff can deliver my meals.** (I agree to let the Elderly Nutrition Program staff into my home in order to place frozen meals directly into my freezer and/or refrigerator.)
- 2) **If I must cancel a delivery for any reason, I will telephone the Elderly Nutrition Program Office 24 hours prior to delivery. Agency: Burbank HDM Phone number: (818)238-5366.**
- 3) If I am not home to receive the delivery and have left no instructions, the meal will not be left. I understand that three (3) cancellations without proper notice will automatically discontinue the meal service.
- 4) If I do not answer the door and have left no instructions, I will be called and my emergency contact will be notified.
- 5) If I am on this program on a temporary basis, I understand that I must relinquish this service when I am no longer in need. If I am on this program on a long-term basis, I understand that I may be dis-enrolled from this program when deemed necessary by the staff or if I am no longer in need.
- 6) If I go on vacation or into the hospital, my home-delivered meals will be placed on hold. Meal service will resume when I return home. Meals will be held for **30** days. After that, I will need to re-apply to the Elderly Nutrition Program to re-start home-delivered meals.
- 7) I acknowledge that the County health regulations require that all food must be handled as stated in the home-delivered meals handling instructions provided to me and that I will adhere to these instructions. For example: the meal may not be left on the doorstep when I am at the physician's office.
- 8) I agree to receive nutrition education and program assessments through in-home interviews as deemed necessary by the staff.
- 9) I agree to refrain from interfering with Elderly Nutrition Program staff's performance of his or her duties by obstructing or intimidating him or her in any way.
- 10) **I understand that the donation suggested is \$ 3.00 per meal.** All donations are voluntary and are not a requirement to receive a meal. Your donation is greatly appreciated. Donations may be mailed to the address provided on the donation envelope or picked up by the delivery staff. Envelopes will be provided by staff. In addition, no tips or gratuities are to be offered to or accepted by any staff.
- 11) I hereby release the Los Angeles County Area Agency on Aging, this agency, and their officers, agents and employees from and against any and all loss, damages, liability, claims, suits, costs and expenses, whatsoever, arising from or in any manner connected with my participation in this program.

Client Signature

Date

Staff Signature

Date