

CLEARVIEW LODGE - MEALS ON WHEELS

PROGRAM GUIDELINES – FOR CLIENT (Volunteered Delivered Meals)

1. Client must meet criteria (attached) and submit a signed referral form
2. Client meal account is set up at the Taber & District Housing Foundation Office (account # is issued to meal recipient) – Accounts set up prior to 12:00 noon will start meal delivery the next business day
3. Meals are delivered Monday to Friday, except Statutory Holidays, between 11:45 am – 1:00 pm. A yearly calendar is provided showing dates meals are delivered
4. Meal cancellations can be made at any time prior, but no later than 10:00 am the day of the meal being cancelled by calling **403-223-2767 ext 2.**
5. If a meal is delivered and no one is home an **Unable to Deliver Slip** is left in the door and client is billed for the meal.
 - EXCEPTION: If client has been admitted to the hospital and our office has been notified within 24 hours by calling **403-223-2767 ext 2,** the client will not be charged for the missed meal.
6. If a meal is undeliverable the Emergency Contact is contacted by the TDHF Administrative Associate by the next morning.
7. To add or delete meals from the delivery schedule or to discontinue meals, call the TDHF Office by 10:00am (or any time before that) on the day you would like the changes to be made at **403-223-2767 ext 2.**
8. If you have any concerns regarding your meal please contact the TDHF office at **403-223-2767, ext 2**
9. Effective January 1, 2023 cost of meals is based on income if a notice of assessment is provided. If you choose not to provide your income information you will be charged the rate of \$8.50 per meal. If your Income Line 150 is \$20,000 or below the cost is \$4.00 per meal. If you are above \$20,000 the cost is the rate of \$8.50 per meal. (for volunteered delivered meals). Client is billed on a monthly basis and the meals are paid by pre-authorized debit (signed at time of meal delivery set-up) on the first banking day of the

month following the month of meal service. The monthly billing cycle runs from the third last business day of one month to the third last business day of the next month.

10. In the event Clearview Lodge is under quarantine; a courtesy phone call will be placed and you, or your designated Emergency Contact, will be advised that the lodge is under quarantine. At this time your meal delivery will be suspended until further notice. Once the quarantine has been lifted you will be advised the day 'before' the meal service will resume.
11. Please call **403-223-2767 ext 2**, if you were expecting a meal and one did not arrive.

FOOD STORAGE TIPS

Food Poisoning:

Most people experience food poisoning some time in their life. There are two million food poisoning cases in Canada annually. There are probably 10 or more for every case reported.

As we age, the acid content in the stomach decreases so older people do not have the protection of younger people. Also, certain drugs may inhibit the ability to resist food poisoning bugs. We must take extra precautions when providing food for those who are older.

Leftovers:

It is hard for thrifty people to throw out food. Sometimes people forget what they have stored in the refrigerator or how long it has been there. It is best to label and date food, so people know when they received it. The sense of smell and taste can be reduced in older people and they may not detect spoilage. The best motto is "When in doubt, throw it out"

Containers:

All soup and main entrée containers are freezer, microwave and oven safe. Containers can go directly from the freezer to the microwave or the oven once the sealed plastic cover has been removed.

**TDH (Clearview Lodge) and BARONS-EUREKA-WARNER
FAMILY AND COMMUNITY SUPPORT SERVICES**

MEALS ON WHEELS – CLIENT ADMISSION CRITERIA

A. DESCRIPTION

Clearview Lodge kitchen staff prepares a hot nutritious noon time meal delivered to the individuals home. Volunteers from churches, local businesses, groups and service clubs provide the delivery Monday through Friday (with the exception of statutory holidays). Taber and District Housing Foundation coordinates the administration and delivery volunteers.

B. ADMISSION CRITERIA

1. Individuals 65 years of age or older with a valid recognized need who require *Meals on Wheels* in order to maintain or stabilize their health. A recognized valid need is described as illness or accident, weight loss, recent bereavement, spouse moving to a higher level of care, visual problems, concerns for safety, frail, unstable health, poor nutritional intake, convalescence, shopping difficulties or a disability that prevents them from preparing their own meals; or
2. Handicapped individuals less than 65 years who require *Meals on Wheels* in order for them to remain reasonably independent require; or
3. Individuals under the age of 65 must have a Taber and District Housing Foundation *Meals on Wheels Referral* completed by their family physician or Community Care RN; or
4. Individuals who have limited family/community support.
5. Ineligible *Meals on Wheel* program recipients; those individuals who are actively employed i.e. Nannies, care givers, self-employed individuals, etc.

C. ADMINISTRATION

All *Meals on Wheels* will be administered and set up at the Taber and District Housing Foundation main office; located at 5318 – 48th Ave, Taber AB, T1G – 1S2

All *Meals on Wheel* recipients will pay for the service by Pre Authorized Debit (PAD).

Effective *January 1, 2023* the cost is:

- **\$4.00** per *Meals on Wheels under \$20,000.00* meal volunteer delivered
- **\$8.50** per *Meals on Wheels over \$20,000.00* meal volunteer delivered

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Updated: December 20, 2022*

MEALS ON WHEELS - Referral Form

Applicant Information

Applicant's Name:					
Telephone Number:					
Street Address:					
Income Line 150: Provide Notice of Assessment					
Income under 20,000 – \$4.00 Meal <input type="checkbox"/>					
Income over \$20,000- \$8.50 Meal <input type="checkbox"/>					
Special Delivery Instructions:					
Mailing Address:					
Date of Birth: <i>month/day/year</i>					
Name & Designation of individual providing referral: <i>Sign and Print name</i>					
Reason for Referral:					
Schedule of meals required: <i>Circle Appropriate Dates</i>	Mon	Tues	Wed	Thurs	Fri
Commencement Date:					
End Date (If short term):					
Dietary Restrictions: (Doctors note must be attached)					

Emergency Contact Information: *Please Print*

Please supply two (2) Contacts - One being a family member if at all possible.

Name		
Address		
Relationship		
Phone #: Home Work Cell		

X _____
Applicant Signature

X _____
Referral Name (Please Print)

X _____
Referral Signature

TDHF /Approval Signature

Date

**All completed Referral Forms should be hand delivered to Taber & District Housing Foundation @ 5318 – 48th
Ave, Taber, Alberta prior to commencement of Meals on Wheels Program.
Office Hours: Monday – Friday, 8:30 – 12:00 and 1:00 – 4:30**

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CLEARVIEW LODGE GUEST MEALS / MEALS ON WHEELS
PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR PERSONAL PURPOSES

1. I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H1 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the following purpose of: **Total for Guest Meals taken at the Lodge or delivered via Meals on Wheels**

2. **The Payee may issue a PAD once a month on the first business day of the month in a dollar amount up to a maximum of \$ 243.00.**

3. Payor's Name & Address: _____
I/We warrant and represent that the following information is accurate.

4. Meal Recipient's Name _____

(Name on Bank Account)

Mr. Mrs. Ms. Miss	Surname:	First Name:
Street:		
Town:	Postal Code:	Telephone Number:

(Bank Account Information)

Name of Payor's Financial Institution (the "Processing Institution")		
Street:		
Town:	Postal Code:	Phone Number:
Bank #	Branch # :	Acct Number # :

I/We have attached a specimen cheque marked "VOID" to this payor authorization (the "Authorization").

I/We will inform the Payee, in writing, of any change in the information provided in this Authorization ten (10) days prior to the next due date of the PAD.

4. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.

5. The Payee has/will provide to me/us, at the address provided below:

- ☐ With respect to variable amount PAD's, this is my 10 calendar day written notice before the payment date of the first PAD of the amount to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited will be posted to my/our Account (the "Payment Date")
- ☐ In respect to a variable amount PAD where the difference is the direct result of the amount of meals ordered by the client from the 3rd last business day of one month up to the 3rd last business day of the next month the pre-notification period is hereby waived

X _____
(Payor or Authorized Signature)

- ☐ Enter address below where receipt is to be sent & circle the required interval: monthly or yearly?

6. Payee's Name and Address

Name of Payee (the "Payee")		Taber & District Housing Foundation	
5318 – 48 th Avenue		Town: Taber	
Province: Alberta	Postal Code: T1G 1S2	Telephone #: (403)223-2767 ext 8	

7. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
8. I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.
9. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Account.
10. I/We may cancel the Authorization at any time upon providing written notice to the Payee 10 calendar days before the date of the next PAD. A sample cancellation form or further information on my/our right to cancel a PAD Agreement may be obtained at my/our financial institution or by visiting www.cdnpay.ca.
11. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
12. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/We may contact my/our financial institution or visit www.cdnpay.ca.
13. I/We agree that the information contained in the Authorization may be disclosed to Royal Bank of Canada as required to complete any PAD transaction.
14. I/We understand and accept the terms of participating in this PAD plan effective: _____

X
(Authorized Signature)

(Authorized Signature)

X
(Print Authorized Name)

(Print Authorized Name)

Copy of Agreement received by: _____ Date: _____

****If this account is decided by a power of attorney, please attach a copy of the power of attorney**



2023 MOW Client Calendar

Meals are Delivered anytime between

*****11:30am and 1:00pm*****

January						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

To Cancel a Meal: Call

403-223-2767, Ext 2

By 10:00am that day, or earlier



2023 MOW Client Calendar

**Meals are Delivered anytime between
11:30am and 1:00pm**

July						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September						
S	M	T	W	T	F	S
1	2				3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

To Cancel a Meal: Call

403-223-2767, Ext 2

By 10:00am that day, or earlier