



Smithville Meals on Wheels

Dear New Recipient,

Welcome to Smithville Meals on Wheels. We ask for your cooperation following a few guidelines so we may continue to serve hot, nutritious meals at a reasonable price.

Meals are delivered by volunteers Monday through Friday between 11:50 a.m. and 1:15 p.m. Please keep this in mind when you are scheduling doctor's appointments or other outings. This is a service based on need and not convenience.

Meals on Wheels are available to those that live within the Smithville City limits. Meals are \$3.35 each per day and are delivered Monday-Friday for lunch only. Meals are available to those that are considered homebound, elderly, disabled and to those that need short term meals due to a recent surgery or fall and in need of a meal delivered to their home.

The Smithville Meals on Wheels Program requires an application form filled out stating the need for meals and for diet specifications for the recipient. Please return your application to Smithville City Hall, 107 W Main St., Smithville, MO 64089. **Once the application is received at City Hall, meals will begin on the 1st of the following month, if we do not have a waiting list.**

Cancellations of meals must be received by the St. Luke's North Hospital, 816-532-7188, no later than 9:00 a.m. on the day of service or the meal will be charged to you as the meal has already been produced and the expense incurred.

Meals are billed monthly. Bills will be mailed out no later than the 5th of the month for the prior month's meals. Payment is due by the 20th of the month. If account falls behind meals will be discontinued until your account is paid in full.

When possible please make voice contact with the volunteers. Under no circumstance will a meal be left if no one is at the home with no one to accept it, unless cooler is left on the porch with instructions. The meal may be left at a neighbor's home if prior arrangements have been made. If no one is home to accept the meal or prior arrangements made, you will be charged for that meal. Should you fail to cancel meal delivery more than three times, service will be discontinued.

Space on routes is limited and can only be saved for up to two weeks if you are hospitalized or on vacation.

Please be respectful to our staff and volunteers. Rude or abusive behavior to staff or volunteers will not be tolerated and is grounds for immediate cancellation of service.

If you are in need of assistance for your meals, you may request subsidy from Clay County Senior Services, the form may be requested at the City Hall 816-532-3897.

Thank you!

Meals on Wheels Coordinator



Meals on Wheels Application

Please fill out the information below and return it to:

Smithville City Hall.

107 W Main, Smithville, MO 64089

Phone: 816-532-3897 Fax: 816-532-3990

Today's Date		Start Date	
Diet – regular, diabetic, other			
Days for meal delivery – mon, tue, wed, thu, fri			
Name			
Address			
Billing Address (if different)			
Phone		Alt phone	
Emergency Contact			
Emergency Contact Phone		Relationship	
Physician's name			
Physician's Phone			
Reason for Meals on Wheels			
Physician Signature (required if special diet is needed)			



Waiver and Release

General Waiver. I release, discharge, hold harmless, and forever acquit The City of Smithville Meals On Wheels and the St. Luke's North Hospital and its volunteers, and employees from any and all actions, causes of action, losses, claims, or any liabilities whatsoever, including but not limited to illness or injury, food borne illnesses and allergic reactions, known or unknown, now existing or which may arise in the future, which may accrue to me, my heirs, guardians, administrators, executors, or assignees, including attorneys fees and court costs, on account of or in any way related to or arising out of my participation in the Meal Delivery Program.

Allergies and Special Dietary Needs: Disclosure, Acknowledgement, Release. I represent and warrant that I have disclosed any and all physical or medical conditions that warrant special dietary attention, care, or instruction. I understand and acknowledge that The City of Smithville and the St. Luke's North Hospital Meals On Wheels is relying on this disclosure during the course of my participation in the Meal Delivery Program. I further understand that The City of Smithville Meals On Wheels cannot guarantee that any particular food product is free of all traces of any particular allergen, that consumption of a food product will not result in some form of allergic reaction, or that I will not come into contact with any allergens while participating in the Meal Delivery Program. I acknowledge and agree that I am aware of such risks and that participation in the Program may result in exposure to allergens and, in that regard and assuming such risks, I hereby fully release and discharge City of Smithville Meals On Wheels from any and all liability for death and/or injuries, and/or any direct, indirect, punitive, incidental, or any damages that arise out of or relate to any exposure to food allergens.

Medical Release: I understand that I should consult with my healthcare provider regarding proper nutrition and diet and I assume the risk of any and all risks associated with participating in the Meal Delivery Program. I grant my permission for a doctor and/or nurse to take remedial action in case of an emergency, and I assume all expenses in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Promotional/ Photographic Release: I hereby give the right and permission to The City of Smithville Meals On Wheels to use my name, voice, photographic images, and/or biographical information through any medium in connection with its charitable activities and I waive any right to inspect or approve the finished copy, images, or printed matter that may be created in conjunction with such use.

In consideration for my acceptance in the City of Smithville Meals On Wheels Meal Delivery Program, I agree to be bound by the terms and conditions of this Waiver and Release. I have read, understood, and agree to the above. I understand and confirm that my signature is proof of my intention to execute a complete and unconditional Waiver and Release of all liability, to the full extent of the law.

Client's Name (please print) _____

Client's Signature: _____ **Date** _____

Client Representative (if client is unable to sign): _____

Relation to Client: _____ **Date:** _____