

MEALS WITH LOVE APPLICATION

NAME: _____

ADDRESS: _____

PHONE: () _____ - _____ DATE OF BIRTH: ____/____/____

RACE (CIRCLE ONE): BLACK CAUCASIAN HISPANIC ASIAN NATIVE AMERICAN OTHER

DIABETIC: YES NO GENDER: FEMALE MALE FREE NEWSPAPER: YES NO

EMERGENCY CONTACT: _____ PHONE(____) _____ - _____

OTHERS IN HOUSEHOLD: _____

QUALIFYING CONDITION: _____ REFERRED BY: _____

MEAL DELIVERY: MON _____ TUES _____ WED _____ THURS _____ FRI _____

Monthly Expenses (estimated)

Rent/Mortgage	\$ _____
Electric/Gas/Water/	_____
Phone/cable	\$ _____
Food	\$ _____
Insurance(s)	\$ _____
Medical/Rx	\$ _____
Other	\$ _____
TOTAL	\$ _____

Monthly Income

Social Security	\$ _____
SSI	\$ _____
Disability	\$ _____
Pension	\$ _____
V.A.	\$ _____
Food Stamps	\$ _____
Other	\$ _____
TOTAL	\$ _____

I affirm that the information above is true and correct. I understand it will be used to determine my ability to pay for my meals and that I may be billed at the end of each month for each meal delivered. The amount charged for each meal will be determined prior to meal delivery and I will be notified of this amount after approval of my application. If payment is required, it is due by the 15th of the following month. If payment is due but not received, meals will NOT BE delivered unless other arrangements have been made in advance.

 SIGNATURE Date: ____/____/____

Our program provides services to eligible applicants without regard to race, color, creed, religion, handicap, age, national origin, political beliefs or sex.

Terms and Conditions

This is to inform you of the Terms and Conditions of being a client of Meals with Love at Longview Community Ministries. Once your application has been accepted and meal deliveries commence you will receive a Welcome Letter and a laminated Red Butterfly to place in a prominent place front of house so that our volunteers can identify your residence. We strive to give not only a quality meal but also service with a smile!

Longview Community Ministries 'Meals with Love' service has no Government funding. We rely on the generosity of people in the community for donations. There is a limited budget. **PLEASE NOTE** that there is a **strict policy** that if a person is also receiving meals from Meals on Wheels (which is Government funded) and has a subsidized rate for the meals then that person **will not be** offered a subsidized rate with Meals with Love and the full price for a meal **MUST BE PAID**. Meals with Love depends on accurate meal orders so as to keep within budget. We request that you adhere to the following Terms and Conditions.

- 1) If you have a doctor's appointment, are going out of town and need to cancel your meal delivery please call 24 hours in advance so that the order to be placed for the day, or days you will be away, is correct and we do not have the expense of a meal that is not required. If you do not call and miss two days in a row you will be placed **OH HOLD**. No further meals will be delivered until you do call. If you are taken to hospital, please have your emergency contact phone and let us know.
- 2) Invoices are sent out at the end of each month. Payment is requested by the 15th of the month that the invoice is sent out. If payment is not received, we reserve the right to discontinue meal delivery. Once payment is made meal delivery is reinstated.
- 3) Following Food Health and Hygiene Rules and Regulations, our volunteers have been instructed **NOT TO** leave meals outside a residence. This is especially important in the heat of the summer! If you have an outside refrigerator the meal can be left in that.

Please acknowledge by signing and dating below that you have read and will comply with the above Terms and Conditions.

Signature

Date