



Blount County Community Action Agency's
 Smoky Mountain Meals on Wheels (SMMOW)
 3509 Tuckaleechee Pike, Maryville, TN 37803
865-983-8411

Thank you for your interest in the Smoky Mountain Meals on Wheels Program. Serving the community since 1972, the SMMOW program provides homebound, food and meal insecure seniors (60 years and older) with options for one nutritious meal a day.

Please read/review the below general guidelines for program information:

- The Smoky Mountain Meals on Wheels (Meal) Program provides three (3) Levels of program participation at no charge to the client, based upon assessment, eligibility and availability.
 - Level 1 is a grocery program, delivered monthly, that will provide several options for one canned/packaged meal a weekday and various snacks that the senior is able to access, easily microwave or heat up. These groceries are not able to offer client specific preferences, yet will include a variety of meal items. Level 2 is a meal program that provides one nutritious, homemade, frozen meal five (5) days/week. These meals are delivered once a week, stored in the freezer and easily microwaved. Level 3 is a meal program that is delivered once daily for five (5) weekdays, prepared for immediate consumption. Level 3 is only an option if the delivery capacities of the program allow. The eligibility, assessment, availability and assignment of the Levels participation are determined by the Director and dictated by funding and slots available.
- The homemade meals are prepared under Health Department safety regulations, heart hearty guidelines and provide 33% of the nutritional daily intake. The program is not able to offer diet specific meals or requests.
- Meals are not allowed to be left if no one is home. Someone is required to be home to receive the meals. If no one answers the door, we will first call the client, then their emergency contact and finally the Blount County Sheriff's Outreach to ensure the senior is well and safe.
- The Smoky Mountain Meals on Wheels Program requires client communications, initial, periodic and yearly assessment monitoring. Client contact information must remain updated. Clients, or their POA, must be able to answer their phones and communicate with staff/volunteers. Refusal to participate in these requirements could jeopardize participation.
- Wonderful community volunteers deliver the grocery and meals door-to-door and are often able to assist with putting meals in your freezer, if needed. Our incredible volunteers are giving of their time and compassion and are not to be asked to provide any other services or resources other than the meals they deliver from the Smoky Mtn. Meals on Wheels Program. Mistreatment of either group of wonderful and vital folks may result in removal from the Program.
- Completing an application does not automatically enroll you into the program or guarantee the immediate ability to be placed into the Program. The SMMOW Program is available to eligible seniors and is funded by grants, contracts and donations. The ability to serve is dependent upon funding.

Once the intake questionnaire, nutritional assessment and signature form have been completed and returned, the Director will assess eligibility, capacity of the program and options for services. The Intake Questionnaire, Nutritional Screening and Participant Signature Page must all be completed and signed in designated sections by the applicant. We make every effort to serve those in need, yet the submission of the intake form does not guarantee participation.



Blount County Community Action Agency
Community Nutrition Program, Smoky Mountain Meals on Wheels

Intake Questionnaire

The completion of this Intake Questionnaire does not guarantee participation in the Smoky Mountain Meals on Wheels (SMMOW) home delivered meal program.

Date: _____ Telephone # _____

Name: (First, Last) _____

Address: _____ City _____ Zip _____

If you have an Email Address, please list: _____

The information below will enable the staff to determine eligibility and capacities of program.

- Do you self-declare that you are 60 years or older? **YES NO** Age _____
 Date of Birth: (Month, Day, Year) _____
- Do you live alone? **YES NO** If **NO**, who do you live with: Spouse Child/Children Other
- If you do not live alone, how many people are in your household? _____
- Do you drive? **YES NO** Do you require assistance to leave your home? **YES NO**
- Do you have a disability or challenges that limits your mobility/ability to walk? **YES NO**
- Do you have a caregiver? **YES NO**
- Are you able to grocery shop and cook your own meals? **YES NO** Do you often eat alone? **YES NO**
- Do you currently have enough food to eat at least one meal a day for the next two weeks? **YES NO**
- Do you always have enough food to eat at the end of the month? **YES NO**
- Is your household income less than \$1,000/month? **YES NO**
 If **NO**, is your household income less than \$2,000/month? **YES NO**
- Do you receive food stamps? **YES NO** Have you applied for Choices or Options programs? **YES NO**
- Do you have a microwave? **YES NO** Are you able to microwave your own meals? **YES NO**
- Do you have freezer access/space for meal storage? **YES NO** Do you have a can opener? **YES NO**
- Are you a veteran or a spouse of a veteran? **YES NO** If **YES**, which branch of service?
 Navy Air Force Marines Army Coast Guard
- Do you have pets that are in need of food? **YES NO** If **YES**, Number of Pets: Dogs _____ Cats _____

Emergency Contact: *Required information. Please ensure the below person knows they are your Emergency Contact.*

Name: _____ Telephone: _____

By signing below, you are verifying accurate self-declared information above, submitting your interest in participating in the SMMOW program and accepting that the next step requires a nutritional assessment by our staff to determine program participation abilities. If accepted into the program, nutritional assessments, monitoring and communications with staff/ volunteers is required.

****Applicant Signature**

Date

****This signature is required to be the potential participant or if the applicant has a Power of Attorney designee signing, please include the POA document. Unsigned questionnaires or incomplete applications cannot be processed. One questionnaire per person. If spouses are applying together, please complete two questionnaires and submit together.**

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Home or Congregate Delivered Meals
NUTRITIONAL SCREENING: Please check the appropriate box

1. Have you made any changes in lifelong eating habits because of health problems?
☐ Yes ☐ No
2. Do you eat fewer than two (2) meals per day? ☐ Yes ☐ No
3. Do you eat fewer than five (5) servings (1/2 cup each) of fruits or vegetables a day?
☐ Yes ☐ No
4. Do you eat fewer than two (2) servings of dairy products (such as milk, yogurt, cheese) a day?
☐ Yes ☐ No
5. Do you have three (3) or more drinks of beer, liquor or wine almost every day?
☐ Yes ☐ No
6. Do you have biting, chewing or swallowing problems that make it difficult to eat?
☐ Yes ☐ No
7. Do you frequently have limited resources (money) to buy food? ☐ Yes ☐ No
8. Do you eat alone most of the time? ☐ Yes ☐ No
9. Do you take three (3) or more different prescribed or over-the-counter medications per day?
☐ Yes ☐ No
10. Without trying, have you lost or gained ten (10) pounds in the past six (6) months?
☐ Yes ☐ No
11. Are you often physically unable to shop for your groceries and prepare your meals?
☐ Yes ☐ No

Office Staff Only:

TOTAL SCORE _____

Nutritional Risk: _____ **High (6 or more)** _____ **Medium (3-5)** _____ **Low/No (0-2)**

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Participant Signature Page

Print Name: _____ Address: _____

REQUIRED RELEASE OF INFORMATION FOR REPORTING

The Smoky Mountain Meals on Wheels Program (SMMOW) is funded by the Older Americans' Act and numerous grant sources. These funders require participation, management and general program outreach reporting. The information they may need could include items such as demographics, eligibility factors, economic impacts and specialized categories of need. All client identification privacy information and HIPPA processes are adhered, if reporting is required.

REQUEST FOR ADDITIONAL SERVICES AND SUPPORTS

The Blount County Community Action Agency (BCCAA) implements numerous supportive programs and services. You are able to request that the information that has been submitted on the Intake Questionnaire or initial/yearly assessments is utilized and shared with the program(s) identified in order to expedite any needed services, in leu of having to resubmit, repetitive information. If it is identified that you may benefit from additional services that BCCAA offers, the SMMOW program will contact you and specifically ask if you would like to have information shared to that department and approve that departmental staff contact you for further support.

REFERRAL FOR EMERGENCY SERVICES ONLY: ACKNOWLEDGEMENT

I understand that the Blount County Community Action Agency, Inc. will interact with the agencies and/or persons listed below and will release information as needed to assist in **emergency crisis supports**. Emergency services will be instigated as deemed appropriate by Agency/Program staff guidances. This same guidance and training will include volunteers who deem a situation an emergency crisis. This release of information and protocols could also include a request for a Well Check from local emergency management authorities if my safety is not able to be verified. I also understand that the identified entities below are able to interact regarding services that I may or may not need/receive, may release my emergency contact information and/or any additional information that may support timely and quality emergency care.

Entity	Purpose
1. <u>Emergency Management Systems</u>	<u>Emergency Services (Police/Sheriff, Fire, Ambulance, EMS personnel)</u>
2. <u>Blount Co. Community Action Agency, Inc.</u>	<u>Emergency Services Supports</u>
3. <u>*Identified Emergency Contact</u>	<u>Emergency Supports</u>
4. <u>Additional Family Member(s):</u>	

**Emergency Contact identified on the intake and/or updated Assessment Forms*

Do not alter the above Emergency Crisis Services with adding referral agencies. If you would like us to work with other agencies in release of information concerning your participation and status in the SMMOW program, attach that agency's release form. Filling out the Emergency Crisis Service section incorrectly will delay the processing ability.

GRIEVANCE PROCEDURE: ACKNOWLEDGEMENT

I understand that in the event that I feel I am being discriminated against due to my race, creed, color, sex, age, or national origin, I am able to submit a grievance claim. The grievance for the BCCAA's SMMOW program is required to have a written document detailing the issue and potential resolution options to the Executive Director, Tammye Pirie, tpirie@blountcaa.org or mailed to the agency at the above address to Mrs. Pirie's attention.

CLIENT AGREEMENT: SIGNATURE

I affirm that I have read, or had explained to me, the above statements and processes. This form is required to be signed and submitted with the Intake Questionnaire and the Nutritional Screening for program eligibility processes and considerations.

 Date **Applicant Signature BCCAA Employee Signature

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