



Blount County Community Action Agency  
Smoky Mountain Meals on Wheels  
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 ensuring 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 'No Charge' program participation, based upon assessment and availability. Level 1 is a grocery program, delivered monthly, that will provide several options for one canned meal a day and various snacks that the senior is able to access, easily microwave or heat up. 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 able to be microwaved/heated up. 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. Groceries and Meals are delivered by compassionate community volunteers. The eligibility, assessment, availability and assignment of the Levels participation are determined by the Director.
- The homemade, meals are prepared under Health Department safety regulations, heart healthy guidelines and provide 33% of the nutritional daily intake. The program is not able to offer diet specific meals or requests.
- Someone is required to be home to receive the meals. Meals are not allowed to be left if no one is home.
- If you are participating in the CHOICES program, you will need to designate BCAA/SMMOW as your meal provider and we will approve service, once we receive the contract from your Provider.
- The Smoky Mountain Meals on Wheels Program requires client communications, initial, periodic and yearly assessment monitoring.
- Completing an application does not automatically enroll you into the program or guarantee the immediate ability to be placed into the Meal Program. The NO CHARGE option is available to eligible seniors and is funded by grants, contracts and donations. The ability to serve is dependent upon available funding.

Once the intake questionnaire, nutritional assessment and signature form have been completed and returned, we will assess eligibility, capacity of the program and options for services. All three (3) of these forms have to be completed and signed in designated section. If incomplete, the forms will be mailed back for completion request. After the assessment of the completed intake forms, we will contact you within by or before 10-12 business days to relay status and options for participation. Although we make every effort to serve those in need, the submission of the intake form does not guarantee participation in the Program.

- If a senior is financially able, does not meet the eligibility criteria for the No Charge option and/or does not want to be placed on the Waitlist for the No Charge portion of the program, Smoky Mountain Meals on Wheels does have the ability to offer a paid meal option, the *Silver Platter Program*. \$90 a month for three (3) frozen, homemade meals a week, plus 2-4 shelf stable meals OR \$150 a month for five (5) frozen, homemade meals, plus 2-4 shelf stable meals. Please call and request the application for the Silver Platter Program.

It is the Blount County Community Action Agency's Smoky Mountain Meals on Wheels and Ani-Meals on Wheels programs' honor to serve the community.

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**
- 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, yearly nutritional assessments, change of conditions monitoring and communications with program staff and 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.**

**Home 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)**

