

### 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 hearty 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 BCCAA/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 <u>not</u> automatically enroll you into the program or guarantee the immediate ability to be placed into the Meal Program. <u>The NO CHARGE option is available to eligible seniors and is funded</u> 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.

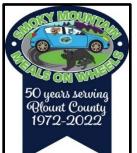
• If a senior is financially able, does not meet the eligibility criteria for the No Charge option and/or does not want to be placed on the Waitlist for the No Charge portion of the program, Smoky Mountain Meals on Wheels does have the ability to offer a paid meal option, the Silver Platter Program. \$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.

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#### **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.

1972-2022	Date:	Telephone #	
1912-2022	Name: (First, Last)		
			Zip
If you have an Emai	il Address, please list:		
The information belo	ow will enable the staff to deteri	mine eligibility and capacities c	of program.
•	declare that you are 60 years or e of Birth: (Month, Day, Year)		Age
Do you live a	alone? YES NO If N	NO, who do you live with: Spo	ouse Child/Children Other
If you do no	t live alone, how many people a	re in your household?	
Do you drive	e? <b>YES NO</b> Do	you require assistance to leave	e your home? YES NO
Do you have	e a disability or challenges that li	imits your mobility/ability to w	alk? YES NO
Do you have	e a caregiver? YES NO		
Are you able	e to grocery shop and cook your	own meals? YES NO	Do you often eat alone? YES NO
Do you curre	ently have enough food to eat a	t least one meal a day for the r	next two weeks? YES NO
Do you alwa	ays have enough food to eat at t	he end of the month? YES	NO
• Is your hous	sehold income less than \$1,000/ If <b>NO</b> , is your household inc	month? YES NO come less than \$2,000/month?	YES NO
Do you rece	ive food stamps? YES NO	Have you applied for Choice	es or Options programs? YES NO
• Do you have	e a microwave? YES NO	Are you able to microwave	your own meals? YES NO
• Do you have	e freezer access/space for meal s	storage? YES NO	
• Are you a ve	eteran or a spouse of a veteran?		ES, which branch of service? CE Marines Army Coast Guard
• Do you have	e pets that are in need of food?	YES NO If YES, Number of	of Pets: Dogs Cats
Emergency Contact:	: Required information. Please e	nsure the below person knows	they are your Emergency Contact.
Name:		Telephone:	

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

<sup>\*\*</sup>This signature is <u>required</u> 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 <a href="Mailtonal Screening: Please check the appropriate box">NUTRITIONAL SCREENING: Please check the appropriate box</a>

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?
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
Γ	Office Staff Only:
-	TOTAL SCORE
	Nutritional Risk:High (6 or more)Medium (3-5)Low/No (0-2)



# Blount County Community Action Agency Smoky Mountain Meals on Wheels 3509 Tuckaleechee Pike Maryville, TN 37803 865-983-8411 Participant Signature Page



Print Name:	Address:	
Print Name:		

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

\*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 if I have a serious concern about not receiving adequate service from Blount County Community Action Agency, Inc.'s SMMOW program. I have a right to submit that concern to the Program Director at 865-983-8411, ext 3000. If resolution is not satisfactory, I am to submit a written grievance to the Executive Director, Tammye Pirie, <a href="mailto:tpirie@blountcaa.org">tpirie@blountcaa.org</a> or mailed to the agency to Mrs. Pirie's attention.

#### **CLIENT AGREEMENT: SIGNATURE**

 Date	**Applicant Signature	BCCAA Employee Signature
submitted wit	h the Intake Questionnaire and the Nutritiona	l Screening for program eligibility processes and considerations.
I affirm that I	have read, or had explained to me, the above	statements and processes. This form is required to be signed and

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