



Volunteer Center of San Gabriel Valley

YOUR VOLUNTEER CONNECTION IN THE SAN GABRIEL VALLEY

Meals on Wheels General Information

Lunch \$4.00/Per Day

Dinner \$6.00/Per Day

Meal \$10.00/Per Day (Lunch & Dinner Combo)

We deliver (5) days per week, Monday through Friday. Extra meals for the weekend are delivered on Friday.

Meals are generally delivered between 9:00am-12:00pm

Our coverage area includes Monrovia, Arcadia, Sierra Madre, Temple City, Rosemead, and parts of San Gabriel, north of the 10 Freeway.

Lunches will typically include a sandwich or half sandwich, salad, soup and/or fresh fruit. Dinners typically include a protein (chicken, beef, fish), a carbohydrate (rice, potatoes, pasta), a side of vegetables and a sugar- free dessert. **While no additional salt or sugar is added to our meals, our meals do contain salt, sugar and dairy.** Unfortunately, we are unable to accommodate any individual dietary restrictions at this time.

Minimum commitment is 2 deliveries per week for a minimum of two weeks, payable at the time of registration. After the initial 2 weeks, you will be billed monthly. New service will start on the first Monday following application approval and payment. **Requests for all holds, cancellations and revisions clients must be placed prior to Wednesday at 11:30AM** and will go into effect the following week.

Revised: 2/28/22



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Meals on Wheels Delivery Service Agreement

Meals are prepared at the Leven Oaks Assisted Living in Monrovia and are delivered by volunteer drivers Monday through Friday, generally between 9am and 12:00pm. **While no additional salt or sugar is added to our meals, meals do contain salt, sugar and dairy.** Unfortunately, at this time we are unable to accommodate individual dietary restrictions.

Food orders for the following week are placed every **Wednesday**. **Any changes or cancellations for existing clients must be called in before 11:30am on Wednesdays** and will go into effect the following Monday.

Billing is processed and delivered the 1st week of the month and will reflect all charges from the previous months order. Payments are due by the 15th of the month; any past due bills risk having service placed on hold until payment is received.

There will be no deliveries on the weekends. However, extra meals can be arranged to be delivered on Friday for the weekend.

We require a minimum commitment of 2 deliveries per week for a minimum of two weeks, prepaid. After the initial two weeks, you will be billed monthly. Please specify if you are looking for temporary or long term service at time of registration. Note: Service will continue following 2 week trial unless otherwise stated.

If you have any questions, please call the Volunteer Center office at 626.256.8187.

Please sign and date this form confirming your understanding of the program guidelines and attach with your first payment. Please plan for between 5 to 10 days for processing new client applications. Clients will be notified of service start date following application approval and receipt of initial payment.

Client name (Printed)

Client signature

Date

Signature of responsible party

Date



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CLIENT INFORMATION							
Name:							
Spouse Name: (If applicable)							
Date of birth:		Home Phone:		Cell Phone:			
Delivery address:							
City:					ZIP Code:		
RESPONSIBLE PARTY INFORMATION (Billing)							
Name:							
Billing address:							
Contact Phone:		Cell Phone:			Relation to client:		
City:		State:			ZIP Code:		
Payment Method: Check Credit Card* <input type="checkbox"/> (Check box for one-time charge only)							
Please fill out <u>Credit Card Authorization Form</u> if Debit/Credit is preferred method of payment (see attached)							
EMERGENCY CONTACT							
Name:							
Address:				Phone:			
City:		State:			ZIP Code:		
Relationship:							
MEAL INFORMATION							
Delivery Days: (Circle Choices)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch
	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner
	<input type="checkbox"/> Combo	<input type="checkbox"/> Combo	<input type="checkbox"/> Combo	<input type="checkbox"/> Combo	<input type="checkbox"/> Combo	<input type="checkbox"/> Combo	<input type="checkbox"/> Combo
(Circle numbers of meals to be delivered per day)	1 or 2	1 or 2	1 or 2	1 or 2	1 or 2	1 or 2	1 or 2
SIGNATURES							
Signature of responsible party:				Date:			

For assistance, feel free to contact the Volunteer Center (626)256-8187

For office use only:

Home visit date:

Home visit done by:

Start date:

Cancellation date:



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MOW Credit Card Authorization Form

Please fill in the information and sign below.

Print Name _____

Phone Number: _____

Email: _____

Credit Card Type (Check One): ☐ MasterCard ☐ Visa ☐ Discover

Credit Card Number: _____ - _____ - _____ - _____

Security Code: _____

Expiration Date: ____ / ____

Credit Card Holder's Name (print): _____

(Exactly as it appears on the credit card)

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Holder Phone Number: _____ - _____ - _____

I authorize the **Volunteer Center of San Gabriel Valley** to initiate a recurring charge to the credit card listed above. Credit cards will be charged the 15th of every month. Charges to my account may vary however; I will be provided written notice in the form of an invoice detailing any charges for the prior month. I understand that I may cancel my recurring charge upon cancellation of service or adequate notice to the Volunteer Center of San Gabriel Valley.

Card Holder Signature _____ Date _____