



Homer Senior Citizens, Inc.

3935 Svedlund Street

Homer, Alaska 99603

(907) 235-7655 Fax: (907) 235-3739

Thank you for your interest in the Meals on Wheels Program!

We are happy to be able to provide this service to persons 60 years or older who are unable to attend congregate meals because they are homebound or disabled in a manner that makes it medically, psychologically, or socially inadvisable, or if they are ill, or because weather or emergency conditions make it unsafe to get to or from congregate meals.

We encourage all seniors to attend the Monday – Friday noon congregate meal. But, if you are unable to do so and have been advised by your doctor, family or caregiver to receive home delivered meals, please fill out the attached forms and return to Homer Senior Citizens, Inc. A doctor's note is required and can be faxed directly to HSC. Once the forms have been received, your application will be reviewed. You will be contacted to discuss eligibility.

Our delivery area is to the Old Sterling (8 mile) and east to the Fritz Creek General Store and up East and West Hill to the Skyline cutoff. Due to food safety concerns, Homer Senior Citizens, Inc. will NOT leave food at a residence if no one is there. If you are not going to be home during the noon hour, please call 235-7655 before 9:30 am.

Please take a moment to read, fill out and return the enclosed forms in order to receive meals. A donation of \$7.00 is appreciated for each meal delivered.

Always feel free to call Rose at 235-7655 press 0 or Paula at 235-4550. if you have any questions or comments about the program, or if there needs to be changes in your service. Special meals are not available in the Meals on Wheels Program and meals will NOT be left at your home when you are not there.

Our goal is to serve our community members. Hope you enjoy your home-delivered meals!



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HOME DELIVERED MEALS ASSESSMENT

DATE: _____

Last Name: _____

First Name: _____

Phone Number: _____

DOB: _____

Referred by: _____

Phone: _____

Doctor: _____

Phone: _____

Care Coordinator: _____

Phone: _____

1. Ability to Walk: Full Partial Wheelchair/Walker
Vision: Adequate Partial Blind
Hearing: Adequate Partial Deaf Hearing Aid
Difficulty Chewing: Yes No
Difficulty using hands to cut meat or remove lids: Yes No

2. Is there another way to receive meals?
Homemaker Neighbor Church
Household Member Other _____

3. Are you currently living alone? Yes No

4. Would you like to eat at the Senior Center if transportation was provided?

Yes No

5. Is there a stove/microwave to reheat meals? Yes No



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6. Can you refrigerate meals? Yes ___ No ___
7. Can you freeze meals? Yes ___ No ___
8. Has a special diet been prescribed? Yes ___ No ___

By Whom? _____

9. Please detail all allergies relating to food items: _____

10. Do you have a special person that you rely on for anything you need help with?

Yes ___ No ___

Please give name of person you rely upon: _____

Phone: _____ Relationship _____

Address: _____

11. Please provide specific directions to your home including color, description, etc. If needed, please draw a small map.

Thank you for your interest in the Home Delivered Meal program. We will contact you as soon as possible with your eligibility determination for this program.