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Senior Citizens Program Supervisor

## **Southold Town Human Resource Center Senior Services**



### **Home Delivered Meals Program**

750 Pacific Street, P.O. Box 85, Mattituck, New York 11952

**Southold Town**

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***Town of Southold***

***The Administration for Community Living through***

***New York State Office for the Aging and Suffolk County Office for the Aging***

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Town of Southold  
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Nutrition Program  
Home Delivered Meals  
Case Management  
Essential Transportation  
Senior Adult Day  
Care/*Katinka House*  
Alzheimer's Day Care  
Telephone Reassurance  
Residential Repair

Dear Home Delivered Meal Participant:

Welcome to the Town of Southold's Home Delivered Meal Program. This program is part of the Town's Nutrition Program and is sponsored by the Suffolk County Office for the Aging. This program was designed to provide meals to those seniors who are temporarily unable to provide meals for themselves and have no other assistance. We are pleased to be of service to you.

Support for our Home Delivered Meals is provided not only by the Suffolk County for the Aging, New York State Office for the Aging and the Town of Southold but also by participant contributions. State regulations require that all participants be given an opportunity to contribute to the cost of the service. Since adverse economic conditions have resulted in a steady decline in our contributions, we are reminding our participants that our suggested voluntary contribution is **\$4.00 per meal**. If you can afford to and would like to contribute, we certainly welcome your help. Your contribution would be a wonderful show of appreciation for this service and will be used to provide expanded home delivered meal service to the frail and elderly in Southold Town. All contributions are voluntary and anonymous. Persons with self-declared incomes at or above 185% of the federal poverty level are encouraged to make a contribution equal to the actual cost of the meal. Please be assured that service will not be denied if a person is unable to contribute.

We have provided this booklet to answer any questions you may have concerning the Home Delivered Meal Program, but please do not hesitate to call us at 298-4460 if you need additional information. As always it is a pleasure to be of service to you and we look forward to your suggestions on how we can improve our programs. We'd also like to thank you for your continued support of your Senior Citizen Programs.

Sincerely,

Jacqueline Martinez  
Senior Citizens Program Supervisor

Karen McLaughlin  
Town Director of Human Services

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## **ELIGIBILITY AND CRITERIA**

### **What is the Home Delivered Meal Program?**

The Home Delivered Meal Program also referred to, as the “Meals on Wheels” are meals that are delivered to senior citizens that meet the criteria for the home delivered meal program.

### **Are all senior citizens eligible for the program?**

No. Certain criteria must be met to receive Home Delivered Meals.

### **What are the criteria to receive meals?**

To qualify for Town of Southold Human Resource Center’s Home Delivered Meal program, you must be a Town of Southold resident over the age of 60, homebound (unable to attend the congregate program at the center) or unable to prepare meals due to recent hospitalization or a chronic and/or debilitating illness.

### **How do I get on the list for Home Delivered Meals?**

If you feel you meet the criteria for home delivered meals, you, or someone calling on your behalf, must call the office to schedule an appointment with the Home Delivered Meal program assessor. Whenever possible, a referral from a doctor or medical personnel should be submitted to the office. If there are special dietary needs, a doctor’s note **MUST** be submitted (see page 6).

### **Are there any forms that need to be filled out?**

Yes. The NYS Office for the Aging requires that an assessment form be filled out by everyone who receives Home Delivered Meals. Soon after your request is received, a member from our staff will visit your home to complete this form. The form is used as a tool to assess your needs, and to coordinate other available services.

### **How long can I receive Home Delivered Meals?**

Ideally, the program is intended as a short-term service, which should last no more than 6 months. Following a reassessment however, the length of time can be extended if deemed necessary.

### **What are the criteria for short-term service?**

The applicant must fit at least one of the following criteria to be eligible for short-term meal delivery:

- Senior is usually able to cook for themselves, but is recuperating from a major or acute illness (i.e. Recent Hospital Discharge).
- The spouse of the applicant usually prepares meals, but is currently hospitalized.
- Applicant is waiting to begin a supportive service (home health aide or placement in a supervised facility).

### **Is there a Waiting List to Receive Meals?**

Unfortunately, due to high number of requests for home delivered meals and a growing frail and elderly population in our community, there is often a waiting list before your meals can begin.

### **How Long Will I be on the Waiting List?**

Since home delivered meals are designed as a *short-term solution* to a medical problem, delivery ends when the participant's health improves. When a person is taken off the program, delivery begins for someone on the waiting list.

## **MEAL DELIVERY**

### **What time are meals delivered?**

Meals are delivered **between 9:45am and 12:30pm MONDAY – FRIDAY**

**Are meals delivered on holidays?**

If a holiday falls on a regular delivery day (Monday – Friday), we will deliver two meals the day before the holiday: one hot meal and one frozen meal that will need to be heated before eating.

**What is the cost of the meals?**

A voluntary contribution of \$4.00 per meal is suggested to help offset the meals and delivery.

**How do I make my contribution?**

EVERY MONDAY when your meal is delivered, your driver will leave a small white envelope for your contribution.

EVERY FRIDAY your driver will collect your envelope. Please have the envelope sealed and ready.

**-Whenever possible, please write a check for your contribution-**

**Should I put my name and address on the envelope?**

Your contribution is anonymous. It is not necessary to write your name on the envelope.

**What if I cannot afford to pay the suggested amount of \$4.00 per meal?**

A donation of any amount is welcome. If at any time you are unable to contribute, please seal the envelope and return it to the driver anyway. You cannot be denied a meal if you are unable to make a contribution.

**Can my meal be left outside if I am not at home?**

The driver is instructed **NOT** to leave a meal outside or in a cooler if you are not home, due to Board of Health regulations. In addition the driver is not permitted to enter your home and put your meal in the refrigerator if you are not present.

**What if I know in advance that I am not going to be home when my meal is delivered?**

If on occasion an appointment keeps you from being home at the time your meal is to be delivered, **call the office to let us know** and the driver will deliver two meals the day before. If you do not notify us and we are unable to deliver the meal, we will call your emergency

contact person that you specified when applying for Home Delivered Meals. If we are unable to reach someone, **we may contact the police** assist us on securing you well being. For this reason it is crucial that you notify us if you will not be home.

**ANY CHANGES TO THE DELIVERY OF YOUR MEALS  
MUST BE REPORTED TO THE OFFICE (298-4460), NOT  
YOUR DRIVER.**

**Can I receive meals for Saturday and Sunday?**

Weekend Meals are available **only** in extreme situations. If you qualify for weekend meals, your driver will deliver 2 frozen meals with your Thursday delivery. Remember to keep them frozen until needed.

**What should I do with my meal if I am not going to eat it when it is delivered?**

Your meal **must** be refrigerated (or kept frozen) if you are not going to eat it when it is delivered.

**How do I heat the refrigerated and/or frozen meal?**

If using a **microwave** for a **refrigerated meal** you must peel back lid or slit film to vent and cook for 2-3 minutes on high. If using a **regular oven** for a **refrigerated meal** you must pre-heat to 350 degrees F and place meal on cookie sheet and heat for 10 minutes.

If using a **microwave** for a **frozen meal** you must peel back lid or slit film to vent and cook for 3-5 minutes on high. If using a **regular oven** for a **frozen meal** you must pre-heat to 350 degrees F and place meal on cookie sheet and heat for 30 minutes.

**The containers are not made for Toaster Ovens so, do not use Toaster Ovens to reheat meals under any circumstance.**

## **DIETARY MODIFICATIONS**

### **Doctors Orders and Referrals**

The following is a list of the dietary modifications that can be implemented by the home delivered meals program.

1. Diabetic Diet (no concentrated sweets).
2. Low Sodium

Unfortunately at this time these are the only restrictions the program can accommodate.

All dietary modifications must be in writing by your doctor.

All dietary modifications must be kept current and on file.

### **Procedure**

If you require a change in your diet as stated above, you must submit a written and dated diet prescription to us from your doctor.

Dietary changes must be updated every 6 months.

***When you health improves and your home delivered meals are no longer needed, you will be encouraged to join your friends and neighbors for a hot noon meal, a few hours of socialization and recreation activities at the Human Resource Center.***



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Dear Physician:

Your patient is receiving / or has requested home delivered meals from the Town of Southold Home Delivered Meal program. The program provides a hot meal, which includes one third of the current Recommended Dietary Allowances for the 60 plus age group.

A regular diet is provided, however reasonable dietary modification can be provided to accommodate diabetic, low sodium diets (2400mg) and those with seafood allergies. Unfortunately this program cannot provide any other dietary modifications.

To enable your patient to receive a special dietary meal and possible nutrition counseling, we require a signed prescription to be obtained and submitted to our office. Please complete and return this form by faxing it to us at 298-4462 or mailing it to the above address. If you have any questions or need additional information please contact us at 298-2260.

Thank you,

Jacqueline Martinez  
Program Supervisor

Karen McLaughlin  
Town Director of Human Services

\_\_\_\_\_, a patient under your care, has  
requested /is currently receiving a \_\_\_\_\_ diet.

Please indicate any change in this dietary prescription and sign below.

Physician's comments

\_\_\_\_\_

Doctor's Name \_\_\_\_\_

Please Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Release of Information

In the event of a required meal modification, I consent to allow the Home delivered meal assessor and his/her agents to contact my physician to approve menu accommodations.

I understand and give consent to the assessor and his/her agents to make necessary referrals in order for me to receive any benefits, services and entitlements.

Signature of Participant

---

Signature of Assessor

---

Date \_\_\_\_\_

**TO DISCONTINUE HOME DELIVERED MEALS**

If you wish to discontinue your home delivered meals or need to request a change, please fill out this form and return it to your driver as soon as possible, so that the change(s) can be made without delay.

If you have any questions or need to make a temporary change, please call the office at 298-4460.

**Please Check whatever applies:**

\_\_\_\_ I wish to discontinue my home delivered meals effective \_\_\_\_\_  
Specify Date

\_\_\_\_ I wish to discontinue frozen weekend meals

\_\_\_\_ I wish to discontinue meals immediately

\_\_\_\_ I wish to discontinue meals at the end of this week

\_\_\_\_ I wish to discontinue meals at the end of the month

Reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Grievance Procedure Client Rights

1. To be informed of all nutrition services provided, and when and how they will be provided.
2. To be given the name, address, telephone number of any person and affiliated agencies providing care and services.
3. To be given the name, address and telephone number of the manager in order to ask questions, express grievances, report absences of meal and or emergencies.
4. To refuse in advance any meals without loss of other services.
5. To be encouraged and assisted to exercise your right to voice grievances; and seek protection from mental, physical and financial abuse.
6. To receive all the services you require without regard to your race, creed, color, gender, sexual orientation, marital status, disability status or political affiliation.
7. To be informed verbally and in writing of the agencies complaint procedures, and to seek the assistance of outside representatives of your choice to resolve complaints free of interference, coercion, discrimination or reprisal
8. The assistance of outside representatives of your choice to resolve complaints, feel free from interference, coercion, discrimination or reprisal.
9. To review your case record.
10. To be discharged from the program in accordance with the following:
  - Be informed in writing of the reason(s) for discharge at least 5 working days prior to discharge
  - When informed in writing of the discharge, also be informed of the opportunity to appeal the discharge and the process for such an appeal.
11. To be treated with consideration, respect and full recognition of your dignity and individuality.
12. To be shown proper and current identification by the person(s) providing services in your home.
13. To have your wishes regarding your home environment, furnishings and possessions respected.
14. To expect that persons coming into your home exhibit appropriate standards of behavior.
15. To be assured of confidential treatment of your case records.

### Procedure For Filing A Grievance

Applies to both denial of services and client satisfaction issues

1. When denial of services is confirmed in writing the participant or applicant has the right to file a grievance.
2. Participants must submit their grievance in writing to the site/center manager or the Office for the aging, to conduct a review.
3. The grievance should be filed within (30) days of denial, reduction or termination of services or of the event or circumstances with which the participant is dissatisfied.
4. The grievance should be filed on the form provided by the AAA, which shall include a written statement that details the date, time and circumstances that are the basis of the complaint.
5. Assistance is available, upon request.
6. All grievances will be held in confidential manner.