

## SERVICE AGREEMENT

Meals on Wheels – Lutheran Community Services  
223 N. Yakima Ave • Tacoma, WA 98403 • 253-272-8433 • 1-800-335-8433

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

BILLING ADDRESS (if different): \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

(Name, relationship, phone)

### BILLING INFORMATION

- Cost for meals are billed monthly and must be paid by client, client representative, guardian, payee, or state/county funding source as authorized.
- You are responsible for verifying meals at time of delivery.
- No money is to be paid to the volunteer delivery driver.
- Payment is due within 14 days upon receipt of invoice.
- **MINIMUM:** Each meal is \$4.60 (This includes tax & delivery). A minimum of seven (7) meals must be placed for delivery. Fewer than seven meals must be approved in advance. Each meal includes a roll, a pat of margarine and a packet of Instant Nonfat Milk. Require payment for your first order.

I have received information regarding Client Rights and Responsibilities, Grievance Procedures, and LCSNW Notice of Privacy Practices during initial assessment.

I understand the above terms and agree to pay Lutheran Community Services as authorized by this agreement.

CLIENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

(Or authorized representative/guardian)

STAFF SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*For office use only\*\*\*

PAYMENT SOURCE: (check one): ☐ Copes ☐ Private ☐ Check, #: \_\_\_\_\_

☐ Credit Card, #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

SERVICE CATEGORY: Meals on Wheels

ORIGINAL ASSESSMENT DATE: \_\_\_\_\_ ORIGINAL SERVICE START DATE: \_\_\_\_\_

## APPLICATION

Meals on Wheels – Lutheran Community Services  
223 N. Yakima Ave • Tacoma, WA 98403 • 253-272-8433 • 1-800-335-8433

NAME \_\_\_\_\_ AGE \_\_\_\_\_ Please circle: M / F

ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MESSAGE PHONE \_\_\_\_\_

Race/ Ethnicity:

☐ Caucasian ☐ Hispanic/ Latino ☐ Asian  
☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ Other \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name, relationship, phone)

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about Meals on Wheels \_\_\_\_\_

	YES	NO
DO YOU LIVE ALONE?		
IF NOT DOES ANYONE ELSE IN THE HOUSEHOLD REQUIRE MEALS?		
ARE YOU ABLE TO GET AROUND YOUR HOME?		
ARE YOU ABLE TO GET OUTSIDE?		
ARE YOU ABLE TO SHOP FOR GROCERIES?		
DO YOU HAVE AN OVEN (CONVENTIONAL OR MICROWAVE)?		
ARE YOU ABLE TO OPERATE YOUR OVEN INDEPENDENTLY?		
DO YOU HAVE ADEQUATE FREEZER SPACE TO STORE AT LEAST SEVEN (7) MEALS AT A TIME?		
ARE YOU ON A SPECIAL DIET? IF YES, WHAT KIND OF DIET?		

If you received help with this application, please have that person complete the following:

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## AUTHORIZATION OF RELEASE OF RECORDS OR INFORMATION

I, \_\_\_\_\_ hereby give permission to LCSNW to:

☒ **Disclose information to: AND/OR** ☒ **Obtain information from:**

Aging & Long-Term Care \_\_\_\_\_ DSHS \_\_\_\_\_ Other: \_\_\_\_\_

My entire record for: ☐ Copes ☐ T-19 ☐ DDD ☐ Respite ☐ Private ☐ H & E ☒ **MOW**

The purpose of this disclosure is:

- ☐ To permit continuity of care
- ☐ To permit case management
- ☒ **To permit reimbursement and processing of benefit claims**
- ☐ Other: \_\_\_\_\_

I may revoke this consent at any time except to the extent that action has been taken in reliance upon it.

Unless revoked, this release will remain in force for a period of one year from the date of signing.

I have the right to receive any revised Privacy Notice by contacting the Director of Organizational Excellence at 206-816-3209 or [aconverse@lcsnw.org](mailto:aconverse@lcsnw.org). to make such a request. Reviewed and received Privacy Policy (HIPAA).

I understand I have the right to receive a copy of this authorization form. I also understand that upon my written request, LCSNW must provide me a record of any subsequent disclosures made for legal, administrative, or quality assurance purposes.

\_\_\_\_\_  
Signature of patient, guardian, conservator, \_\_\_\_\_ Date  
Or authorized representative (when required)

\_\_\_\_\_  
Signature of Witness \_\_\_\_\_ Date

## NOTICE OF RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are so protected, Federal Regulations (42 CFR Part 2) prohibits you from making further disclosure of this information unless disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part2.

A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



Health. Justice. Hope.

**South Puget Sound Office**

223 N Yakima Avenue  
Tacoma, WA 98403

Phone: 253/272-8433

Fax: 253/597-6456

[www.lcsnw.org/tacoma](http://www.lcsnw.org/tacoma)

Home Care

Meals on Wheels

Senior Companion Program

Memory Café & Zoo Walk

Support U™

Senior Friends

RSVP Pierce County

Senior Media Services

Seniorscene.org

Where to Turn Guide

## AUTOMATIC PAYMENT AUTHORIZATION

### PLEASE PRINT

#### CARDHOLDER INFORMATION:

Name as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

Credit Card Type: ☐ VISA ☐ MASTERCARD ☐ DISCOVER

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### CLIENT INFORMATION:

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

I authorize Lutheran Community Services Northwest to automatically charge my credit card for services rendered. I authorize automatic payments to begin immediately if a balance is due or monthly as services are rendered for the above referenced client.

This authorization will remain in effect until I have notified Lutheran Community Services Northwest in writing canceling this agreement. I understand that I am responsible and liable for all authorized transactions made under this agreement.

\_\_\_\_\_  
CARDHOLDER SIGNATURE

\_\_\_\_\_  
CARDHOLDER PRINTED NAME

\_\_\_\_\_  
DATE



*"Lutheran Community Services Northwest partners with individuals, families and communities for health, justice and hope."*



LUTHERAN COMMUNITY SERVICES  
 \*223 North Yakima Avenue \* Tacoma \* 98403  
**MEALS ON WHEELS MENU**  
 Direct: 253-722-5684 Fax: 253-597-6456

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Ordered: \_\_\_\_\_ Scheduled Delivery Date: \_\_\_\_\_

☐ New Freedom ☐ Copes ☐ Private Pay ☐ Marie's Purse ☐ Other \_\_\_\_\_

Order Qty	Diet	Item #	Meal Description
	R	4	Macaroni with Cheese Sauce and Green Beans
		57	BBQ Chicken Patty with Rice and Beans
	R D	13	Braised Beef with Mashed Potatoes and Gravy, Peas and Carrots
	H D	42	White Turkey ala King, with Rice & Peas
	D	20	Meatloaf, Mashed Potatoes, Beef Gravy, Green Beans
	D	56	Meat Lasagna with Green Beans
	R	88	Bean & Cheese Burrito with Rice and Corn
		60	Spaghetti and Meatballs
		6	Creamy Chicken Alfredo with Pasta and Peas
	LS H R D	77	Breaded Fish Patty with Rice and Vegetable
	D	3	BBQ Beef Sloppy Joe with Potatoes and Vegetables
	R D	64	Chicken Patty with Ranchero Sauce, Rice and Green Beans
		26	Creamy Tuna Casserole with Pasta and Vegetables
	LS H D	53	Baked Ziti with Tomato Sauce
		19	Meat Chili with Rice and Vegetables
		1	Chicken Enchilada with a Rice Melody and Vegetables
	LS H D	660	Beef Pepper Steak with Rice
	LS H R D	62	Turkey & Mashed Potatoes
	D	72	Chicken Fried Beef Patty with Mashed Potatoes & Gravy
	H R D	12700	Turkey Chili with Rice and Vegetables
	LS H R	7	Chicken Teriyaki with Rice & Vegetables
	R D	68	Salisbury Steak with Gravy, Mashed Potatoes & Vegetables
	H D	5	Beef & Turkey Cheese Pizza Wrap with Potatoes & Carrots
	LS H R D	66	Beef Vegetable Stew with Rice & Carrots
<b>BREAKFASTS</b>			
	H R D	30	Cheesy Egg Omelet with Sweet Rice and O'Brien Potatoes
	LS H R D	35	Breakfast Burrito with Ranchero Sauce & Sweet Rice
	LS H R D	43	Turkey Sausage Patty, Scrambled Eggs and Potatoes
	LS H R D	37	Apple Pie Burrito, Scrambled Eggs, Potatoes O'Brien
	R D	40	Biscuits and Gravy with Ground Beef and O'Brien Potatoes
	H R D	803	Huevos Rancheros with Cheesy Grits

(All meals are made according to senior nutrition guidelines. They all come with a roll, margarine pat & nonfat dry milk packet)

**0** Total Qty. **\$0.00** Total Cost Received by: \_\_\_\_\_