

TAMWORTH MEALS-ON-WHEELS

coordinated by

Tamworth Community Nurse Association

323-8511

Thank you for Joining our Volunteer Team!

The following information is being provided in an effort to better acquaint you with our policies regarding the delivery of Meals on Wheels.

Delivery Schedule:

- Monday – Friday
- 11 AM to 1 PM
- Our Clients should be prepared to let you in

Meals:

Ossipee Concerned Citizens (OCC) in Center Ossipee prepare our meals.

- **Meal Pick up:** 3 Dore Street, Center Ossipee
- Meals will be packed in coolers and ready for pick up by **10:30 AM**
- Conway Daily Sun – are provided to be delivered to clients with meal
- Sometimes there is a box by the door that contain extra foods and breads, pick up some for the recipients – they really appreciate it.
- A check list will be taped to the top of a cooler with all clients' names. As you deliver check mark the corresponding name, confirming delivery ****this list will put inside the empty cooler at the end of the route.**
- TCNA has two routes – T1 and T2 – collect the coolers that correspond to your route.

Types of Meals: Regular or Diabetic

- Diabetic clients receive a special “S” dessert, instead of a sweet dessert
- The delivery list will indicate “S” (special dessert) and “R” for regular (non-diabetic dessert)

<u>TUESDAYS</u> Quart of Milk	<u>WEDNESDAYS</u> Weekend Meals	<u>VARIABLES</u> Weather & Holiday dependent
<ul style="list-style-type: none">• Lo Fat or Whole• 1 milk per client **some do not do milk	<ul style="list-style-type: none">• Frozen or Bagged• 2 frozen meals or 1 bag per client **some do not take weekend meals	<ul style="list-style-type: none">• Holiday Meals• Milk• Weekend• Blizzard Bags• Breakfast Bag
List designation: See list	List designation: 'W' = Frozen 'B' = Bag	**may alternate delivery days
** some do not take milk	** some do not take milk	

Procedure:

- Knock on the door, or follow special instructions on list
- Announce yourself “Hello, this is Meals on Wheels” and your Name
 - We are required to **See or Hear** the recipient.
 - No Meals are to be left in the home unless you have seen or heard the client **or there is an ‘exception’ on the schedule*

No One Home?

- An important part of our service is to be assured of the recipient’s well being
 - What to do if they do not answer door
 - Observe if there is no activity in or around the home
 - Call the phone number listed for the recipient
 - If no response
Notify TCNA at 323-8511 and the following will occur
 - We will attempt to contact the recipient
 - We will attempt to reach a friend, neighbor, and emergency contact
 - If there is no response
 - One of TCNA’s nurses will visit the home, or
 - We will call the Tamworth Police to verify their well being
 - Life-Threatening:
 - If you determine the recipient is ill or incapacitated in a life-threatening way
 - **Call 911**
 - Stay with recipient until rescue arrives
 - **Call TCNA – 323-8511**
 - Non-life-threatening:
 - If illness is not life-threatening
 - Call TCNA – 323-8511

CONCERNS:

- Report to your TCNA Meals on Wheels Coordinator (323-8511) anything that concerns you about the meals delivery or the persons receiving the meals

END OF DELIVERY

- Return empty coolers and copy of completed route check list (with notes) to the Maura Community Residence
 - 69 Tamworth Road, Tamworth
 - Insert list into one of the coolers
 - Location by ramp (not in driveway)

WEEKLY UPDATE EMAIL FROM TCNA:

- Weekly updates are emailed to you containing:
 - Route 1 & Route 2 Schedules
 - Driver Calendar(s)

*****THANKS SO MUCH FOR VOLUNTEERING YOUR TIME*****

TAMWORTH MEALS-ON-WHEELS
Coordinated by
Tamworth Community Nurse Association
PO Box 352 Tamworth, NH 03886
323-8511

Hello,

Because of our wonderful volunteers, over 10,000 Meals On Wheels meals were delivered to Tamworth residents in 2008.

**Thank you for all that you do to enrich the lives
of those we serve!!**

In order to update our volunteer database, please supply the information requested:

Name: _____

Phone# _____

Address: _____

Email: _____

Day(s) of the week that you may be available (please circle):

Monday

Tuesday

Wednesday

Thursday

Friday

Emergency contact person and phone # _____

Thank you for the assistance.

BEAS STATE REGISTRY CONSENT FORM
(RSA 161-F:49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you may find concerning me to: ***(This portion must be filled out in order to be processed.)***

Employer Name: Ossipee Concerned Citizens, Inc.
Mailing Address: 426 Dore Street
City/State/Zip: Center Ossipee, NH 03814
Telephone: 603-539-6851
Fax: 603-539-2878

For Official Use Only

Employee Information

PLEASE PRINT IN CLEAR BLOCK LETTERS

(If content is illegible, it will be stamped "Unable to Process" and returned.)

Last Name: _____ First Name: _____ Middle Initial: _____
Mailing Address: _____ City/State/Zip: _____
Telephone: _____ Gender: Female Male

Also known by the following names (Maiden Name, etc.):

Last Name _____ First Name: _____ Middle Initial: _____

Last Name _____ First Name: _____ Middle Initial: _____

Date of Birth: Month ____ Day ____ Year ____ Social Security #: _____
(Required) (Optional)

Position: _____ Select one: Applying Current Position
 employee consultant volunteer vendor other _____

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee Signature _____ Date _____

Witness Signature _____ Date _____
(REQUIRED)

Fax to: (603) 271-6875 or Email BEASStateRegistry@dhhs.state.nh.us

**Or Mail to: BEAS State Registry, Concord District Office, 40 Terrill Park Drive,
Concord, NH 03301-3857**

***This record check pertains only to findings made on or after July 1, 2007 pursuant to RSA 161-F:49.**

OSSIPEE CONCERNED CITIZENS, INC.
VOLUNTEER APPLICATION
Must be 18 yrs or older to apply

Attach photo
Here

Date _____

Name _____
Address _____
Town _____
Mailing _____ zip _____
Home phone _____ work phone _____
Cell phone _____ Date of birth _____
Sex M ___ F ___ Marital status _____
Please list current or past volunteer experience _____

references _____

How long have you lived in the Ossipee area? _____

Occupation _____ Employer _____

Qualifications and Responsibilities required of a volunteer.

1. Be of reputable character
2. Have valid NH drivers license(meals deliverers ,DayCare drivers)
3. Be punctual
4. Be non-judgmental, allow clients to maintain dignity.
5. Report any emergency to 911 immediately.
6. Maintain neat and clean appearance.
7. Report any unusual behavior to OCC staff.

Background Checks

By signing below I authorize OCC to obtain information ,written ,oral and or other from any
Law enforcement agency.

Signature _____ Date _____
Name _____ Date of Birth _____
Drivers License # _____ Previous address _____

for office use only

approved by: _____ Date: _____

reviewed by: _____

comments; _____

