

CLIENT REGISTRATION FORM

LEGAL NAME (First/Last): _____

NICKNAME: _____ MALE FEMALE OTHER

DATE OF BIRTH: ____ / ____ / ____ PHONE NUMBER: (____) _____

PHYSICAL ADDRESS: _____ MAILING ADDRESS: _____
 (If Different)

No Current Address/Residence

EMERGENCY CONTACT INFORMATION (Attach additional papers if more than one person):

NAME (First/Last): _____ RELATIONSHIP: _____

HOME PHONE: (____) _____ WORK OR CELL PHONE: (____) _____

ETHNICITY

- HISPANIC OR LATINO
- NON-HISPANIC OR LATINO

RACE

- WHITE / CAUCASIAN
- AMERICAN INDIAN / ALASKAN NATIVE
- ASIAN BLACK / AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- OTHER _____

If you do not speak English, what is your primary language? _____

This Section is for Meals on Wheels Only
Activities of Daily Living (ADLs)

Without assistance, I am unable to:

- Bathe Get Dressed Eat
- Use the Bathroom Maintain Continence
- Transfer Into or Out of a Bed or Chair
- None – I can perform these activities**

Instrumental Activities of Daily Living (IADLs)

Without assistance, I am unable to:

- Prepare Meals Do Housework
- Manage Medication Do Laundry
- Manage Money Use the Telephone
- Shop Use Transportation Services
- None – I can perform these activities**

YOUR HOUSEHOLD INCOME IS:

Please provide an answer on **both** lines:

- BELOW POVERTY **OR** ABOVE POVERTY
 (Monthly income below \$1,215.00 for 1 person or \$1,643.33 for 2 people. If more than 3 in household, please ask for assistance)

- BELOW 300% SSI **OR** ABOVE 300% SSI
 (Individual monthly income below \$2,742)

DO YOU:

- 1. LIVE ALONE?..... Yes No
- 2. HAVE A DISABILITY? Yes No

ARE YOU:

- 1. UNABLE TO LEAVE YOUR HOME WITHOUT ASSISTANCE (Homebound)?..... Yes No
- 2. A VETERAN / SERVED IN ARMED FORCES? Yes No
- 3. ON NEVADA STATE MEDICAID? . Yes No
- 4. ON MEDICARE? Yes No

IF YES, WHICH PARTS (Select all that apply)?

- Part A: Hospital Part B: Medical
- Part C: HMO (Medicare Advantage)
- Part D: Prescriptions

I was provided the *Notice of Privacy Practices*

Client Signature _____ Date _____
 (Initial or Revised Registration)

Client Signature – 2nd year _____ Date _____
 (I certify that my information has not changed.)

FOR OFFICE USE ONLY
 Services Registered For:

- _____
- _____

New to This Service?

- Y N
- Y N

Nutrition Risk Assessment Score (HD Meals): 0

Site: _____
 Notes: _____

DETERMINE YOUR NUTRITIONAL HEALTH

Select each that applies to your nutritional habits.	YES
1. I have an illness or condition that made me change the kind and/or amount of food I eat.	<input type="checkbox"/> 2 points
2. I eat fewer than 2 meals per day.	<input type="checkbox"/> 3 points
3. I eat few fruits or vegetables, or milk products.	<input type="checkbox"/> 2 points
4. I have 3 or more drinks of beer, liquor or wine almost every day.	<input type="checkbox"/> 2 points
5. I have tooth or mouth problems that make it hard for me to eat.	<input type="checkbox"/> 2 points
6. I don't always have enough money to buy the food I need.	<input type="checkbox"/> 4 points
7. I eat alone most of the time.	<input type="checkbox"/> 1 point
8. I take 3 or more different prescribed or over-the-counter drugs a day.	<input type="checkbox"/> 1 point
9. Without wanting to, I have lost or gained 10 pounds in the last 6 months.	<input type="checkbox"/> 2 points
10. I am not always physically able to shop, cook and/or feed myself.	<input type="checkbox"/> 2 points
<i>Total Your Nutritional Score</i> 0	

If your score is . . .

0—2 Good! Recheck your nutritional score in 6 months.

If it's . . .

3—5 You are at moderate nutritional risk.

See what can be done to improve your eating habits and lifestyle. Refer to the attached handout for helpful tips. Recheck your nutritional score in 3 months.

6 or more You are at high nutritional risk.

Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Elko Senior Activity Programs, Inc.

Nutrition Program Performance Indicators

Initial Survey

Please mark the blank for the most accurate answer to each question.

All information will be kept confidential and will only be used to enhance the quality of the service you receive.

Today's Date _____ Print Your Name _____

1) How would you rate your health?

Excellent Very Good Good Fair Poor

2) How often are you sick?

Seldom Once every three months Once a month Twice a month More than twice a month

3) How much of the time has your physical health or emotional problems interfered with your ability to attend to your personal business, perform simple household chores, or participate in social activities?

All of the time Most of the time Some of the time A little of the time None of the time

4) How would you rate your diet?

Excellent Very Good Good Fair Poor

5) Please indicated if you ever feel hungry for any of the following reasons:

Can't afford to purchase enough food

Don't have a way to get groceries

Difficulty preparing meals due to a disability

Don't know how to cook

Don't have adequate food preparation equipment

I am alone and don't want to go to the trouble just for myself

Just don't feel up to cooking

Health problems that interfere with eating (such as poor dental health or digestive problems)

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
2022 FEDERAL POVERTY GUIDELINES**

Poverty Guidelines for the 48 Contiguous States and the District of Columbia		
Persons in Family/Household	Poverty Guideline	Monthly Income*
1	\$13,590	\$1,132.50
2	\$18,310	\$1,525.83
3	\$23,030	\$1,919.17
4	\$27,750	\$2,312.50
5	\$32,470	\$2,705.83
6	\$37,190	\$3,099.17
7	\$41,910	\$3,492.50
8	\$46,630	\$3,885.83

For families/households with more than 8 persons, add \$4,720 (annual) for each additional person.

SOURCE: HealthCare.gov Federal poverty level (FPL)

<https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>

*Monthly income was calculated by dividing the Poverty Guideline, which is an annual figure, by 12 (months).

The poverty guidelines may be formally referenced as "the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2)."

**SOCIAL SECURITY ADMINISTRATION
2023 SUPPLEMENTAL SECURITY INCOME**

Individual (Not Household)	300% SSI*
1	\$2,742.00

*Clients with incomes less than 300% of the SSI benefit may qualify for Medicaid coverage of placement into a skilled nursing facility if other requirements are met.

Calculation: SSI rate for 2022 (<https://www.ssa.gov/OACT/COLA/SSI.html>),
\$914 x 300% = \$2,742

Meals on Wheels Certification Form
GENERAL INFORMATION

Mr./Mrs.: _____ Phone: _____
 (Last) (First)

Previous Food Source: _____

Lives Alone: Lives With: _____

CLIENT NEED/REQUEST

The physical and/or mental health condition(s) that prevents the individual from attending a congregate meal site.

REFERRAL SOURCE

Self Agency _____ Medical Professional _____ Other _____

MEDICAL & PHYSICIAN INFORMATION

Physician: _____ Phone #: _____

Date of last hospital stay: _____ Reason: _____

Medications: _____

Ambulatory: Wheel Chair Cane Walker Bedfast

Health Aides: Hearing Aids Oxygen Dentures Prosthetic Limb

Smoker: Yes No

Body Type: Thin Normal Heavy Obese

AGENCY ASSISTANCE & REFERRALS

Help received from other agencies: _____

Refer to: ADSD CHIP EAT MEDICAID WELFARE OTHER _____

Summary remarks & referrals made: _____

HOME DELIVERY INFORMATION

Type of Meal: Regular Diabetic Frozen/Weekend Low Sodium

Food Allergies: _____ Milk Requested: Yes No Choc.

Length of Need: Indefinite Temporary How long? _____ Reassessment Date: _____

Appliances: Microwave Refrigerator Freezer Stove/Oven Toaster Oven

Shelf Stable Meals: Yes, Number _____ Declined

House Apartment Trailer Home Environment: Clean Cluttered Hazardous

Pets in the home: _____

Meals on Wheels Agreement Form

_____ Our driver has permission to enter my home to deliver my meals and see me in person. They may not leave a meal unless I am there. They may not accept tips or gifts from me.

_____ If I am NOT going to be home I will call 738-3030 the night before and notify Meals on Wheel (the morning of in extreme cases before 9:30). Otherwise I will be expected to pay for that meal.

_____ I have received a copy of instruction on how to reheat my meal properly.

_____ I have received the Meals on Wheels brochure explaining the program.

_____ My spouse will receive meals along with me.

Shelf Stable Meals

_____ The Division of Aging has mandated that Meals on Wheels provide me with 2 day shelf stable meals. These meals are to be kept and used in case of an emergency (i.e. severe weather, fire, national disaster) when meals cannot be delivered. The meals should be eaten by the “used by date”. The actual value of these is \$6.40 although no one will be denied services because of inability to contribute. The suggested donation for these meals is \$4.40.

_____ I have accepted these meals.

_____ Or, I have declined these meals for the following reason:

_____ I understand all of the above statements and agree to said provisions.

Participants Signature: _____ Date: _____

**I know I am encouraged to enjoy meals and senior company at The Terrace
 if my circumstances change and I am able to attend.**

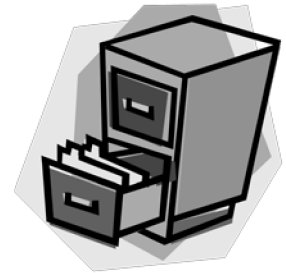
Date service was started: _____ Days of the Week: _____

Staff Signature: _____ Date: _____

**State of Nevada
Department of Health and Human Services
Aging and Disability Services Division
Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Your health information is personal and private. The law says that we (the Aging & Disability Services Division) must protect this information. When you first asked for our help or services, you gave us information that helped us decide if you qualified. It became part of your file, which we keep in our offices. Also in your file is information that is given to us by hospitals, doctors and other people who treat you. A federal law says that we must give you this notice to help you understand what our legal duties are and how we will protect your health information.



When is it okay for us to share your health information?

If you sign a special form that tells us it is okay to share your health information with someone, then we will share it. You can cancel this at any time by notifying us in writing except if we have already shared the information. We do not use your information for marketing or share psychotherapy notes without your written approval.

When can we share your health information without your ok? Your information can be shared without your okay when we need to approve or pay for services. We can also share it when we review our programs and try to make them better. Under the law, these uses are called treatment, payment and health care operations.

The law says that there are some other situations when we may need to share information without your okay. Here are some examples.

For your medical treatment and payment

- When you need emergency care
- To tell you about treatment choices
- To remind you about appointments
- To help our business partners do their work
- To help review program quality

For public health reasons

- To help researchers study health problems
- To help public health officials stop the spread of disease or prevent an injury
- To protect you or another person if we think that you are in danger

For your personal reasons

- To tell your family and others who help with your care things they need to know
- To be listed in a patient directory
- To tell a funeral director of your death
- If you have signed organ donation papers, to make sure your organs are donated according to your wishes

Other special uses

- To help the police, courts and other people who enforce the law
- To obey laws about reporting abuse and neglect
- To report information to the military
- To help government agencies review our work and investigate problems
- To obey court orders

**State of Nevada
Department of Health and Human Services
Aging and Disability Services Division**

What are your rights?

- You can ask us not to share your information in some situations. However, the law says that we do not always have to agree with you.
- If you are reading this notice on the Internet or on a bulletin board, you can ask for a paper copy of your own.
- You can ask to look at your health information and get a copy of it. You may be charged a fee for the copies based on Division policy. However, you need to remember that we do not have a complete medical record about you. If you want a copy of your complete medical record, you should ask your doctor or provider of health care.
- If you think that something is missing or is wrong in your health record that we have, you can ask us to make changes.
- You can ask to have a copy of your health information provided in electronic format if it is available.
- You can ask us to give you a list of the times (after April 14, 2003) that we have shared your health information with someone else. This will not include the times we have shared your information for the purposes of treatment, payment or health care operations.
- You may ask to restrict the release of your health information to a health plan when you have paid out of pocket in full for items or services.
- You can ask us to mail health information to an address that is different from your usual address or to deliver the information to you in another way.



What if you have a complaint?

If you think that we have not kept our promise to protect your health information, you may complain to us or to the federal Department of Health and Human Services. Nothing will happen to you if you complain.

What are our responsibilities?

- We must keep your health information private except in situations like the ones listed in this notice.
- We must give you this notice that explains our legal duties about privacy.
- We must follow what we have told you in this notice.
- We must agree when you make reasonable requests to send your health information to a different address or to deliver it in a way other than regular mail.
- We must notify you if there is a breach of your unsecured health information.
- We will only use or share the minimum amount of your health information necessary to perform our duties.
- We must tell you if we cannot agree when you ask us to limit how your information is shared.

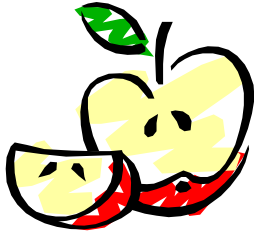
Contact Information

If you have any questions or complaints about our privacy rules, please contact us at: Aging & Disability Services Division Privacy Officer 3416 Goni Road, Suite D - 132 Carson City, NV 89706 (775) 687-4210	Or contact the Dept. of Health and Human Services at: Office for Civil Rights 90 7 th Street, Suite 1-100 San Francisco, CA 94103 (415) 437-8310; (415) 437-8311 (TDD)
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The Aging & Disability Services Division has the right to change this notice and change the way your health information is protected. If that happens, we will make corrections and send a new notice to you by mail and we will post it in our offices and on our web site at: <http://aging.nv.gov>

NUTRITIONAL HEALTH TIPS

The following tips are designed to provide you with suggestions for improving your nutritional health, if you answered “Yes” to any of the statements on the “DETERMINE YOUR NUTRITIONAL HEALTH” checklist.



1. I have an illness or condition that made me change the kind and/or amount of food I eat.

Changes in your eating habits make it difficult for you to get all the nutrients you need. Good nutrition helps the body resist diseases and recover more quickly if illness does strike.

- Avoid using vitamin and mineral supplements without medical advice.
- Use medications as directed.
- Drink 6 to 8 glasses of water every day, even if you're not thirsty.
- Try to stay near your healthy body weight.
- Stay physically active.

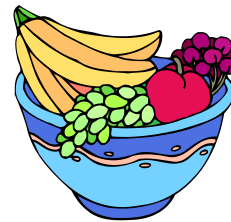


2. I eat fewer than two meals per day.

Eating only once a day makes it almost impossible to get the variety of foods and nutrients you need to stay healthy.

- Try not to snack all day so you will be hungry at mealtime.
- Eat at usual times since hunger pangs may not come. If necessary, set an alarm to remind you to eat.

- Eat with friends or in a cheerful environment.
- Cook meals ahead so that when you are too tired to cook, you only need to defrost or reheat your meal.
- Keep easy-to-fix items (fruits, milk or yogurt, cereals, soups, cheese and crackers, peanut butter and whole wheat bread) on hand.



3. I eat few fruits or vegetables, or milk products.

Fruits and vegetables provide many important vitamins and minerals plus dietary fiber, which is important for proper bowel function. Here are some tips to help you add fruits and vegetables to your daily diet.

- Choose fruits for snacks between meals.
- Use fresh or canned fruit slices as a colorful garnish.
- Eat fresh fruits topped with yogurt or cottage cheese and sprinkled with cinnamon.
- Blend fresh, frozen or canned fruit with milk for a fruit shake.
- Top angel food cake with fresh, frozen or canned fruit.
- Bake or broil apples, pears or bananas with cinnamon and nutmeg; fruit tastes even sweeter when eaten while warm.
- Add vegetables to soups, stews or casseroles.
- Mix several kinds of vegetables for an interesting medley.

- Buy frozen vegetables in bags. You can use them as needed and store the rest for later.
- Use herbs and lemon juice to season vegetables.

Milk products provide a variety of nutrients including calcium. A diet low in calcium may lead to osteoporosis, which weakens bones and often leads to painful and disabling fractures. Below are some tips to help you increase the amount of milk products in your daily diet.

- Add non-fat dry milk to soups, stews and casseroles.
- Eat low-fat yogurt and cottage cheese as a snack or with meals.
- Prepare canned soup with milk instead of water.
- For calcium-rich desserts, select ice milk, frozen yogurt, custards and puddings made with milk.
- If you are unable to drink milk, consult with a physician or dietitian about your need for additional calcium.



4. I have 3 or more drinks of beer, liquor or wine almost every day.

Many health problems become worse if you drink more than one or two alcoholic beverages per day. These problems may:

- Lead to malnutrition because you are replacing food with alcohol,
- Increase your risk of falls and accidents,
- Cause permanent damage to the brain and central nervous system and to the liver, heart, kidneys and stomach,
- Make it difficult for your doctor to diagnose certain medical problems,

- Mask pain that may otherwise serve as a warning sign of a medical problem such as a heart attack,
- Cause problems similar to dementia and confusion,
- Cause undesirable side effects when mixed with prescription and over-the-counter drugs.

If you think alcohol may be a problem for you, seek help from a state or local social services agency.



5. I have tooth or mouth problems that make it hard for me to eat.

A healthy mouth, teeth and gums are necessary for eating. Missing, loose or rotten teeth, or dentures that don't fit well or cause mouth sores, make it hard to eat.

- Have regular dental checkups whether you have natural teeth or dentures.
- Brush your teeth thoroughly at least twice daily.
- Floss your teeth at least once daily.
- Brush all denture surfaces with a denture care product each day.
- To relieve dry mouth, drink extra water and avoid sugary snacks, caffeinated beverages, tobacco, and alcohol.

If you have difficulty chewing:

- Cook meat slowly in broth to make it tender.
- Cut or chop meat into small pieces before you cook it.
- Try softer meat substitutes such as beans, eggs, cottage cheese, or cheese.
- Try steaming vegetables so they are tender.
- Chop vegetables so your teeth have less work to do.
- Try putting vegetables in the blender or mashing them with a potato masher.



6. I don't always have enough money to buy the food I need.

To stay healthy, you need to eat nutritious, wholesome foods. It is possible to buy such foods and not spend a lot of money by following some basic rules.

- Decide what foods you need **before** shopping, make a list.
- Check the newspaper for “specials.”
- Compare ads and clip coupons.
- Compare prices between brands.
- Loose-pack frozen fruits and vegetables allow you to remove a serving and return the unused portion to the freezer.
- Buy whole chickens or roasts, which are usually cheaper, and cut them up yourself.
- Take advantage of “economy” packs of meat, poultry and fish. Wrap these in individuals-size servings and freeze.
- Shop with a friend. Share a head of lettuce or bunch of broccoli instead of letting it spoil in your refrigerator.



7. I eat alone most of the time.

It is important that eating alone does not become an excuse for eating poorly.

- Take turns eating with other single friends.
- Prepare full recipes for casseroles or other dishes; freeze individual portions for later use.
- Eat a meal or two at a community center for good

food and companionship.

- Eat near a window or with television, radio or reading material to enhance your meal.
- Attend church or benefit dinners.
- Ask your pastor for names of shut-ins who may enjoy company at meals.
- Offer to help at a hospital or nursing home. Volunteers often receive meals for the services.
- Treat yourself well. Would you be eating the same foods if you were cooking for a family?

8. I take 3 or more different prescribed or over-the-counter drugs a day.

Medications can cause dangerous drug and food interactions.

- Always tell the doctor about past problems with drugs.
 - When starting to take a new drug, ask the doctor or pharmacist about the side effects that may occur.
 - Take the exact amount of any drugs prescribed by the doctor and follow the dosage schedule as closely as possible.
 - Ask your pharmacist or dietitian if you should avoid certain foods and beverages when taking any medications.
 - Never take drugs prescribed for someone else.
 - If you use more than one pharmacy, take all of your medications to one pharmacist to evaluate possible interactions.
 - Discard outdated medicines.
-



9. Without wanting to, I have lost or gained 10 pounds in the last 6 months.

Being overweight or underweight increase your chance of health complications. A sudden weight change may signal a health problem. You should seek immediate medical attention.

10. I am not always physically able to shop, cook and/or feed myself.

Impaired functional abilities may increase your risk for malnutrition.

- If shopping is a problem, order foods from the local market by phone and have them delivered.
- Call your local senior center or State Agency on Aging for information about home-delivered meal services.





PhotoDisc

Leftovers and Food Safety

Often when we cook at home or eat in a restaurant, we have leftovers. Safe handling of leftovers is very important to reducing foodborne illness. "How long can I keep leftovers in the refrigerator?" "To what temperature should I reheat leftovers?" "If I thaw leftovers, can I refreeze them?" To answer these questions and others, follow the USDA Food Safety and Inspection Service's recommendations for handling leftovers safely.

Cook Food Safely at Home

The first step in having safe leftovers is cooking the food safely in the first place. Use a food thermometer to make sure that the food is cooked to a safe, minimum internal temperature.

- **Red meats:** Cook all raw beef, pork, lamb and veal steaks, chops, and roasts to a minimum internal temperature of 145 °F as measured with a food thermometer before removing meat from the heat source. For safety and quality, allow meat to rest for at least three minutes before carving or consuming. For reasons of personal preference, consumers may choose to cook meat to higher temperatures.
- **Ground meats:** Cook all raw ground beef, pork, lamb, and veal to an internal temperature of 160 °F as measured with a food thermometer.
- **Poultry:** Cook all poultry to an internal temperature of 165 °F as measured with a food thermometer.

Keep Food out of the "Danger Zone"

Bacteria grow rapidly between the temperatures of 40° F and 140° F. After food is safely cooked, hot food must be kept hot at 140° F or hotter to prevent bacterial growth. Within 2 hours of cooking food or holding it hot, leftovers must be refrigerated. Throw away all perishable foods that have been left at room temperature for more than 2 hours (1 hour if the temperature is over 90° F, such as at an outdoor picnic during summer).

Cold perishable food, such as chicken salad or a platter of deli meats, should be kept at 40° F or below. When serving food at a buffet, keep food hot in chafing

dishes, slow cookers, or warming trays. Keep food cold by nesting dishes in bowls of ice or use small serving trays and replace them often.

Cool Food Rapidly

To prevent bacterial growth, it's important to cool food rapidly so it reaches as fast as possible the safe refrigerator-storage temperature of 40° F or below. To do this, divide large amounts of food into shallow containers. A big pot of soup, for example, will take a long time to cool, inviting bacteria to multiply and increasing the danger of foodborne illness. Instead, divide the pot of soup into smaller containers so it will cool quickly.

For whole roasts or hams, slice or cut them into smaller parts. Cut turkey into smaller pieces and refrigerate. Slice breast meat; legs and wings may be left whole.

Hot food can be placed directly in the refrigerator or be rapidly chilled in an ice or cold water bath before refrigerating.

Wrap Leftovers Well

Cover leftovers, wrap them in airtight packaging, or seal them in storage containers for storage in the refrigerator. These practices help keep bacteria out, retain moisture, and prevent leftovers from picking up odors from other food in the refrigerator. Immediately refrigerate or freeze the wrapped leftovers for rapid cooling.

Store Leftovers Safely

Leftovers can be kept in the refrigerator for 3 to 4 days or frozen (0° F or below) for 3 to 4 months. Although safe indefinitely, frozen leftovers can lose moisture and flavor when stored for longer times in the freezer.

Thaw Frozen Leftovers Safely

Safe ways to thaw leftovers include the refrigerator, cold water and the microwave oven. Refrigerator thawing takes the longest but is safest the leftovers stay safe the entire time. After thawing, the food should be used within 3 to 4 days or can be refrozen.

Cold water thawing is faster than refrigerator thawing but requires more attention. The frozen leftovers should be placed in a leak-proof package or plastic bag. If the bag leaks, water can get into the food and bacteria from the air or surrounding environment could enter the packaging bag. Change the water every 30 minutes to promote fast thawing. Food thawed by the cold water method should be reheated before refreezing.

Microwave thawing is the fastest method. When thawing leftovers in a microwave, reheat the food until it reaches 165° F as measured with a food thermometer. Foods thawed in the microwave can be refrozen after heating it to this safe temperature.

Reheating Leftovers without Thawing

It is safe to reheat frozen leftovers without thawing them first. Frozen leftovers can be reheated in a saucepan, microwave, or in the oven. Reheating will take longer than if the food is thawed first, but it is safe to do when time is short.

Reheat Leftovers Safely

When reheating leftovers, be sure they reach 165° F as measured with a food thermometer. Reheat sauces, soups and gravies by bringing them to a rolling boil. Cover leftovers to reheat. This retains moisture and ensures that food will heat all the way through.

When reheating in the microwave, cover and rotate the food for even heating. Arrange food items evenly in a covered microwave safe glass or ceramic dish, and add some liquid if needed. Be sure the covering is microwave safe, and vent the lid or wrap to let the steam escape. The moist heat that is created will help destroy harmful bacteria and will ensure uniform cooking. Microwaves can cook unevenly and leave "cold spots" where harmful bacteria can survive. Always allow a stand time to complete the cooking and before checking with a food thermometer.

Refreezing Previously Frozen Leftovers

Sometimes there are leftover "leftovers." It is safe to refreeze any food remaining after reheating previously frozen leftovers to the safe temperature of 165° F as measured with a food thermometer.

If a large container of leftovers was frozen and only a portion of it is needed, it is safe to thaw the leftovers in the refrigerator, remove the needed portion, and refreeze the remainder of the thawed leftovers without reheating it.

Food Safety Questions?

Call the USDA Meat & Poultry Hotline

If you have a question about meat, poultry, or egg products, call the USDA Meat and Poultry Hotline toll free at **1-888-MPHotline (1-888-674-6854).**



The hotline is open Monday through Friday from 10 a.m. to 4 p.m. ET (English or Spanish). Recorded food safety messages are available 24 hours a day. Check out the FSIS Web site at **www.fsis.usda.gov**

Send E-mail questions to **MPHotline.fsis@usda.gov**.

AskKaren.gov

FSIS' automated response system can provide food safety information 24/7 and a live chat during Hotline hours.



Mobile phone users can access **m.askkaren.gov**

PregunteleaKaren.gov



The Meals on Wheels Program (M.O.W.)

The Terrace E.S.A.P./M.O.W. service helps promote and maintain its homebound clients' independence while providing them with appetizing and nutritious meals. IN addition, it provides a reassuring "check-in" on those who live alone.

Initially, an E.S.A.P./M.O.W. coordinator visits each client to evaluate their personal needs. Subsequently, the coordinator visits on an "as needed" basis, determining the client's progress, need for continued services, or referral to E.S.A.P.'s in-house dining program at the Terrace Club House.

Encourages Independence

Once our clients are sufficiently able to care for themselves, we encourage them to take part in our in-house dining program at The Terrace Club House.

A person's health and wellbeing are better served by remaining active! The Terrace's in-house dining program helps promote a more active lifestyle, providing hot meals and the friendly companionship of other seniors.

Is There a Fee For Service?

The actual cost of E.S.A.P./M.O.W. delivered meal is about \$6.00 to \$8.00 per meal, well over the cost most people can afford. Clients may contribute according to their own financial abilities. A minimum contribution of \$3.50 per meal is suggested; however, no one is denied service due to an inability to contribute.

Clients many choose to make their contribution(s) once a week or once a month. An envelope with your meal summary will be left with you around the 4th of the month. Clients may choose to return the envelope with the delivery person, or mail it to: E.S.A.P./M.O.W., 1795 Ruby View Drive, Elko, NV 89801.

When are the Meals Available?

Your meals will arrive between 11:00 a.m. and 2:00 p.m., Monday through Friday. However, the delivery time may fluctuate up to one-half hour on any given day due to change in the route, or weather conditions.

Things to Remember

- The meal should be eaten immediately. IF you are not going to eat your meal when it arrives, place it in the refrigerator, and use it within 24 hours. Frozen meals need to be placed in the freezer if they are being eaten later.
- The delivery person must deliver your meal directly to you, not a caregiver or spouse. If contact is not made, the delivery person will NOT leave the meal.

- If you fail to notify us in advance that you will not be home, the driver will assume that you are home and may need emergency assistance. We will take appropriate actions to notify your emergency contact person or the police to determine your safety or whereabouts.
- Periodic home visits are made by the E.S.A.P./M.O.W. coordinator to see how you are doing.

When to Contact the Center

Please notify us as far in advance as possible if any of the following things happen:

1. You will not be home to receive your meal (meals are charged once they leave the kitchen).
2. If you change your doctor or physician.
3. If any important information changes (diet, emergency contact number, your telephone number, health condition, address, etc.)

Who is Eligible?

- Eligibility for the Terrace's E.S.A.P./M.O.W. service is determined in accordance with U.S. Department of Human Service's Administration on Aging specifications and federal guidelines established through the Older American Act.
- Eligibility for home catered meals will be based on the inability to attend congregate meals because of extended illness, incapacitation, or disability.
- Eligibility will be determined by a designated staff member of the Meals on Wheels Program (M.O.W.) to insure compliance with the Division of Aging service and Federal Criteria required documentation.

Who Do I contact for More Information?

The Terrace at Ruby View
Elko Senior Activities Program
Meals on Wheels Program (M.O.W.)
1795 Ruby View Dr.
Elko, Nevada 89801

775-738-3030