

**Chairperson**  
Judith A. Wenker



**President and CEO**  
Rudolph A. Johnson, III

## **NEIGHBORHOOD HOUSE ASSOCIATION SENIOR SERVICE CENTER**



## **SENIOR NUTRITION PROGRAM ENROLLMENT PACKET FY 2015-16**



## WELCOME TO THE NEIGHBORHOOD HOUSE ASSOCIATION SENIOR SERVICE CENTER

Dear Prospective Participant,

Welcome to the Neighborhood House Association (NHA) Senior Service Center! We are excited to serve you and look forward to increasing your quality of life as we continue to provide a safe haven for socialization, recreation, education, health, and nutrition services.

The Senior Service Center provides daily breakfast and lunch meals to aging adults (60 years and older), and disabled persons. Breakfast meals are made on site daily, and lunch meals are prepared by NHA's Central Kitchen and served on-site in a congregate setting. We also provide an array of activities for your entertainment throughout the day.

Please review the enclosed documents and complete the following forms to enroll in the senior nutrition program:

-  NHA Client Agreement Form
-  AIS Client Intake Form
-  NHA Code of Conduct

Should you have any additional questions or comments, please contact the Senior Service Center at 619-263-2108 between the hours of 8:00 a.m. and 2:00 p.m.

Sincerely,

Antonique R. Foster  
Program Manager  
NHA Senior Service Center



## Neighborhood House Association Senior Nutrition Program

### CLIENT INFORMATION / AGREEMENT FORM

The CONGREGATE MEAL Program is made possible by Older American Act Funds through the County of San Diego, Aging Independence Services.

The goal of the Congregate Meal Program is to ensure that the congregate participant eats two (2) nutrient meals per day: Breakfast and Lunch

The meal provided to the congregate participant will meet one third (1/3) of the daily nutritional needs determined through analysis five (5) days per week. The meal can be eaten daily at the congregate site.

NEIGHBORHOOD HOUSE ASSOCIATION donates free of charge their Facility for food preparation and serving. Also, volunteers give freely of their time without pay. **Never the less, this program would not be possible without your continued donations.**

Suggested Donation per Meals: \$2.00 Breakfast  
\$3.00 Lunch

I UNDERSTAND AND AGREE THAT THE CONGREGATE MEAL PARTICIPANT PROMISES TO:

- Participate in the Congregate Meal Program;
- Provide updated information to the Nutrition Site;
- Uphold and follow the Senior Service Center Code of Conduct;
- That NEIGHBORHOOD HOUSE ASSOCIATION or any person involved in the preparation or distribution of meals will not be held responsible for the meal after it is taken from the meal site.

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(Signature)

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(Date)

**CONFIDENTIAL**

Intake date: \_\_\_/\_\_\_/\_\_\_  
Client Q #: \_\_\_\_\_

**AIS CLIENT INTAKE -- SENIOR NUTRITION PROGRAM 2015/2016**

\* represents information required by the CDA

\* **FIRST NAME:** \_\_\_\_\_ \* **LAST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_  
**STREET ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ \* **BIRTHDATE:** \_\_\_/\_\_\_/\_\_\_ \* **SEX:** (Circle one) Male Female  
**MARITAL STATUS:** (Circle one) Married / Divorced / Never Married / Separated / Widowed / Domestic Partner

\* **LIVES ALONE:** (Circle "Yes" or "No") Yes No **NUMBER IN HOUSEHOLD** \_\_\_\_\_

\* **RURAL** (defined as an unincorporated area with less than 20,000): (Circle "Yes" or "No") Yes No

\* **INCOME STATUS:** (Circle "Yes" or "No")

If you are single, is your monthly income less than \$980? Yes No  
 If you are married, is your monthly income less than \$1,327? Yes No

\* **RACE:** (Circle applicable race)

Decline to State	Missing	Other Race	Multiple Race
American Indian/Native Alaskan	Asian Indian	Black/African American	Cambodian or Laotian
Chinese	Filipino	Guamanian	Hawaiian
Hmong	Japanese	Korean	Other Asian
Other Pacific Islander	Samoan	Vietnamese	White

\* **ETHNICITY:** (Circle applicable ethnicity) Decline to State Missing Hispanic/Latino Non-Hispanic/Latino

\* *Assessment of ADLs (2 or more) and IADLs are required for **Home Delivered Meals only***

ADLs (Denote: 1 =Independent, 5=Dependent)	IADLs (Denote: 1=Independent, 5=Dependent)		
Eating Dressing Bathing	Light Housework	Laundry	Shopping/Errands
Toileting Walking	Meal prep/clean up	Transportation	Telephone
Transferring in & out of bed	Mnge Medications	Money Mngmt	Heavy Housework

\* *Nutrition Risk Status is required for **both Congregate Meals and Home Delivered Meals***

(Circle "yes" for all that apply)

I have an illness or condition that made me change the kind and/or amount of food I eat.	<b>Yes</b>
I eat fewer than two meals a day.	<b>Yes</b>
I eat fewer than 2 daily servings of the following food groups: fruits, vegetables or milk products.	<b>Yes</b>
I have 3 or more drinks of beer, liquor, or wine almost every day.	<b>Yes</b>
I have tooth or mouth problems that make it hard for me to eat.	<b>Yes</b>
I don't always have enough money to buy the food I need.	<b>Yes</b>
I eat alone most of the time.	<b>Yes</b>
I take 3 or more different prescribed or over-the-counter drugs a day.	<b>Yes</b>
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	<b>Yes</b>
I am not always able to physically shop, cook, or feed myself.	<b>Yes</b>

**ADDITIONAL INFORMATION**

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
 CONTACT TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 PRIMARY DOCTOR: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

**\*\*\*PROGRAM STAFF TO COMPLETE THE FOLLOWING INFORMATION\*\*\***

CARE PLAN SERVICE	START DATE	REASSESSMENT DATE	DIENROLLMENT DATE
Home Delivered Meals	___/___/___	See back of page	___/___/___
Congregate Meals	___/___/___	___/___/___	___/___/___
Transportation	___/___/___	___/___/___	___/___/___



**NEIGHBORHOOD HOUSE ASSOCIATION  
SENIOR SERVICE CENTER  
795 South Boundary Street**

**CODE OF CONDUCT**

The Neighborhood House Association (NHA) is proud to serve seniors in our community and even prouder to operate a Senior Center where all are welcome. The Center is designed to create a positive group environment where staff and patrons are treated with dignity, fairness, respect and courtesy.

In order for that to continue, NHA's Senior Service Center has developed this Code of Conduct. It is important that everyone is aware and agrees to abide by the following. The NHA Senior Center will not tolerate:

- Threatening, coercing, humiliating, demeaning, intimidating, assaulting, or interfering with employees, program participants, guests or instructors at any time.
- Making or publishing of false statements concerning any employee, program participant, guest, or instructor.
- Theft or misappropriation of property of the Senior Center.
- Willful misconduct, that causes damage to public property or waste of public supplies.
- Hindering the normal operation of the office, kitchen and/or activity room because of disorderly conduct.
- Communicating in a style that disrupts the enjoyment of activities by other program participants or suggests irritation and impatience with others.
- Any inappropriate conduct that causes discredit or embarrassment to the NHA or any of its programs.

If anyone is negatively impacting your ability to enjoy the Senior Center, please contact the Center Manager immediately. If the Center Manager is unable to resolve your concerns, please contact the NHA Vice President of Social Services at 858-715-2642 x144.

Please note that NHA reserves the right to determine appropriate action for failure to abide by this Code of Conduct. When the Code of Conduct has been violated, the procedures below will be followed when it becomes necessary to impose discipline:

**First Offense** - Verbal Warning by Center Manager.

**Second Offense** - Written Reprimand by Center Manager.

**Third Offense** – 90 Day Discharge from the Senior Center. This Discharge can be appealed to the Vice President of Social Services. The result of this appeal is final.

**Fourth Offense** – Permanent Discharge from the Senior Service Center. This can not be appealed.

Under certain circumstances, it may be appropriate to deviate from the above procedure. As warranted by the offense and after approval by the Vice President of Social Services, the Center Manager may bypass steps in the progressive discipline procedure.



**Name:**

### **Senior Center Client Acknowledgement Form**

Please read the following carefully and acknowledge your agreement by signing below and initialing by each section.

#### **1. Code of Conduct**

I have read NHA's Senior Center Code of Conduct and have received a copy of the document.

Initial \_\_\_\_\_

#### **2. Liability Release**

NHA will take reasonable precaution to assure the safety of all Senior Center program participants; however, NHA does not assume any financial or legal liability in case of injury or accident. As a condition of my participation in any Senior Center Activity, I hereby expressly hold NHA harmless and waive all claims, which I may have against NHA, their officers, agents, employees, and directors, arising from injury, accident, illness, or death occurring during or by reason of directly or indirectly participation in any Senior Center activity, including transportation to and from.

Initial \_\_\_\_\_

#### **3. Authorization for Emergency Medical Treatment**

In case of an accident or emergency, I authorize NHA to facilitate my transport to the nearest emergency hospital for emergency treatment and measures as deemed necessary for my safety and protection at my expense.

Initial \_\_\_\_\_

#### **4. Photo/Video/Media Release**

- I give my permission to be interviewed and photographed/videotaped by the news media.
- I give my permission to be photographed by NHA. Photos may be used on the NHA website and related media.
- I give my permission to be videotaped by NHA. Videos may be viewed by NHA staff or public.
- I **do not** want to be photographed or videotaped.

Initial \_\_\_\_\_

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Senior Client Signature\*

Date

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Program Lead Signature

Date

**\*NOTE: REFUSAL TO SIGN DOES NOT PREVENT THE CODE OF CONDUCT AND LIABILITY RELEASE FROM APPLYING TO YOU. THE CODE OF CONDUCT AND LIABILITY RELEASE IS EFFECTIVE ON THE DATE OF RECEIPT OR THE FIRST DATE OF ATTENDANCE.**

January 2014

**Chairperson**  
Judith A. Wenker



**President and CEO**  
Rudolph A. Johnson, III

**NEIGHBORHOOD HOUSE ASSOCIATION  
SENIOR SERVICE CENTER**

**ACTIVITY SCHEDULE**

<b>Day</b>	<b>Time</b>	<b>Activity</b>
Monday	10:00am – 1:00	Movie Day/Karaoke
Tuesday	9:30am – 10:30am 11:00am – Noon	Bingo Feeling Fit Club
Wednesday (Every 2 <sup>nd</sup> Wed.)	9:30am – 11:30am Noon-1:00pm	Sumi-e Painting Pianist
Thursday	10:00am -11:00am 11:00am - Noon	Bingo Feeling Fit Club
Friday	10:00am – 11:30am 12:00-2:00pm	Knitting/Crochet Karaoke

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## Neighborhood House Association MTS ADA Transportation Process

THANK YOU FOR CHOOSING TO RIDE THE MTS ADA SHUTTLE FOR YOUR TRANSPORTATION SERVICES TO AND FROM THE **NHA SENIOR SERVICE CENTER**. THE CENTER IS COMMITTED TO HELPING YOU THROUGH THE APPLICATION PROCESS. PLEASE SEE THE STEPS BELOW TO LEARN HOW TO SIGN UP TO RIDE THE MTS ADA SHUTTLE.



1. Center participant will go online ([www.adaride.com](http://www.adaride.com)) to apply for their MTS voucher. **For people who don't use the internet, the application is also available by simply calling the toll free phone number (877) ADA-RIDE and requesting an application. A paper application will be mailed and can be faxed to (310) 410-0239 or mailed back.**

Participants will need a healthcare professional to help support the documentation. Please choose a professional (or two) who can best qualify your abilities and who has seen you recently. Examples of accepted professionals are physical therapists, doctors, social workers, rehab specialists, and orientation and mobility instructors

Staff support will be provided as needed.

2. Once submitted and approved, Center participant will provide the accepted MTS ADA Application to the Program Manager. The Program Manager will complete the **Senior Service Center Transportation Form** and include both **forms in the participant's file.**
3. Based on the **Senior Service Center Transportation Form**, the Program Manager will purchase the required number of one-way MTS tickets. Also, if needed, Program Manager will make the MTS ADA reservation on behalf of the Center participant.
4. Program Manager will give the one-way ticket to the MTS driver when he/she drops off/or picks up the Center participant.
5. Each time the Center participant enters/leaves the Center and utilizes the MTS transportation service, they will sign in (as they do now), which allows the Center to verify the use of the ticket. Please see **Transportation Client Signature (TCS) List.**
6. This sign in information will be used to enter the transportation units in the Q and complete the AIS claim form on a monthly basis.

If you have any questions regarding the MTS ADA Transportation process, please feel free to contact Antonique Foster, Senior Service Center Program Manager, at 619-263-2108 or via email at [afoster@neighborhoodhouse.org](mailto:afoster@neighborhoodhouse.org).

**Thank you!**