

# 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 and **COVID-19 PROTOCOLS** regarding the delivery of Meals on Wheels.

### Meal Pick up Schedule:

- 10:45am to 11:00am

### Delivery Schedule:

- Monday – Friday
- 11 AM to 1 PM
- Our Clients should be prepared and have a cooler available at their door

### 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 **10:45 AM**
- Conway Daily Sun – are provided to be delivered to clients with meal
- BONUS: Sometimes there is a box by the door that contain extra foods and breads, pick some up for the recipients – they really appreciate it.
- A OCC's check list which 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 be left inside the empty cooler at the end of the route when coolers are dropped off.
- 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><b>TUESDAYS</b></u> <b>Quart of Milk</b>	<u><b>WEDNESDAYS</b></u> <b>Weekend Meals</b>	<u><b>VARIABLES</b></u> <b>Weather &amp; Holiday dependent</b>
<ul style="list-style-type: none"><li>• Lo Fat or Whole</li><li>• 1 milk per client</li></ul> <b>**some do not do milk</b>	<ul style="list-style-type: none"><li>• Frozen or Bagged</li><li>• 2 frozen meals or 1 bag per client</li></ul> <b>**some do not take weekend meals</b>	<ul style="list-style-type: none"><li>• Holiday Meals</li><li>• Milk</li><li>• Weekend</li><li>• Blizzard Bags</li><li>• Breakfast Bag</li></ul>
List designation: See list	List designation: 'W' = Frozen 'B' = Bag	<b>**may alternate delivery days</b>
<b>** some do not take milk</b>	<b>** some do not take milk</b>	

**Procedure:**

- Knock on the door
- Announce yourself “Hello, this is Meals on Wheels”
  - During this COVID-19 period we are **NOT** required to **See or Hear** the recipient. \*early morning calls are made to each client every day to check in.
  - Leave meal in cooler and continue to your next delivery.
    - Have your PPE’s (face mask and gloves) on and maintain 6-foot distance – do not encourage direct contact with recipient, do not wait at door.
  - IF you see the prior days meal in the container. DO NOT GO INTO HOUSE.
    - **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

**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 insert OCC’s completed route check list (with notes) to the back of TCNA office.
  - 85 R Main Road, Tamworth
  - Insert OCC check list into one of the coolers
  - **CHECK your drivers schedule to see who is returning coolers to OCC that day.**

**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](mailto: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; \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_