



I, \_\_\_\_\_, hereby apply for meal delivery service from KITCHEN ANGELS.

I understand that KITCHEN ANGELS is an all-volunteer service that is provided to me free of charge and I agree to treat volunteers and staff with courtesy.

I authorize KITCHEN ANGELS to communicate with my health care provider(s), my care giver(s), and my health insurance provider(s) as it may relate to my KITCHEN ANGELS service or my condition.

**PLEASE INITIAL EACH OF THE FOLLOWING STATEMENTS**

I will be home to receive meal delivery between **3:30 and 5:30 p.m.** on the days I have specified;

If I am not home for my scheduled delivery, it is my responsibility to call KITCHEN ANGELS and re-establish meal delivery service;

I will give KITCHEN ANGELS at least 24 hours advance notice if I need to suspend or resume meal service. Furthermore, I will notify the office when I have recovered, am no longer homebound\*, or become ineligible for service for any reason. [\*Homebound is defined as being physically confined to one's home by illnesses or debilitating conditions except for attending doctors' appointments, necessary trips to assistance agencies, and occasional assisted outings.]

I will inform KITCHEN ANGELS of any change of address, delivery instructions, contact information, or other details pertinent to my meal delivery service. I will also inform the office of any medically mandated dietary changes;

I understand that delivery times and protocols may change due to weather, holidays and unforeseen circumstances. KITCHEN ANGELS will inform me of any changes;

I will keep any pet(s) I have confined, ensure entrances are well lit, and otherwise make access to my home for deliveries as easy as possible;

I will not be under the influence of illegal drugs or alcohol at the time of delivery;

I understand that KITCHEN ANGELS reserves the right to refuse delivery to me if I threaten, harm, or exhibit abusive behavior toward any volunteer or staff;

If I have a problem with the food, meal delivery, a volunteer, or service, I will call KITCHEN ANGELS to discuss the matter with client services;

I will respond promptly to any request for paperwork.

I have read the above and understand that if I fail to comply with this agreement, my meal service may be discontinued.

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*Client Signature*

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*Today's Date*