Town of AMHERST

Senior Center

FROZEN MEAL PROGRAM

Dear Frozen Meal Recipient:

1. Please complete the attached registration form and waiver. All information requested must be completed. Please print where requested and sign where requested.
2. All paperwork must be returned to the Amherst Center for Senior Services within seven days in order for you to receive your meal order. Paperwork can be dropped off at the front reception desk or mailed to:

Nutrition Office

Amherst Center for Senior Services

370 John James Audubon Parkway

Amherst, NY 14228

If you have any questions while completing the paperwork, please call our Nutrition Office at 716-636-3055 ext. 3131.

3. Order can be completed by calling the center at 716-636-3051 or by completing an order form at the center during normal business hours.
    - Orders must be placed one week in advance for your Friday pickup.
    - You must choose a minimum of three meals per week and a maximum of seven meals per week.
    - You will need to choose a pickup time between 9:30 a.m. – 11:00 a.m. If you are going to be late or need to cancel please call ahead to let us know so that we can make alternate arrangements for you.
4. When you come to pick up the frozen meals, do not go through the front doors. Please use the Wellness Center doors further down. This is where our volunteers are able to collect any donations and provide you with your meals. There is a $3.50 suggested donation for each meal. Donations can be in cash or with a check made out to the Amherst Senior Center.

MEAL ORDER LINE 716-636-3051

Erie County Stay Fit Dining
Frozen Congregate Meal Program Participant Training Manual

Requirements for Participation in Frozen Congregate Meal Program

- You must be a registered participant of the Nutrition Program in order to participate in the Frozen Congregate Meal Program.
- You must be trained by an appropriate Erie County Stay Fit Nutrition Program staff member in the safe handling and reheating of the frozen meals.
    - It is the goal of the Nutrition Program to provide these frozen meals to all qualified seniors who want to receive them. Therefore, training will be ongoing and on an "as needed" basis. Ongoing training will be provided in as timely a manner as possible, so that frozen meal participation can commence as soon as possible.
- You must sign a certification and release of liability statement stating that you have been instructed in the proper handling and reheating of the frozen meals, releasing Erie County of responsibility for improper handling of the meals.
- You must pick up your meals at your designated pick-up location on the designated day and time. Meals not picked up will not be held for late pick-up unless pre-arranged with the pick-up location.

Handling and Reheating of Frozen Congregate Meals

- You must have a freezer and a microwave in which to reheat the frozen meals.
- Upon receiving your meals, you should inspect the meals to ensure that they are still frozen and that the meals are intact.
- Meals should be taken **DIRECTLY HOME** and put into the freezer until ready to use. Freezer should be set to 0° F (or the coldest temperature setting). The dessert item and milk may be put into the refrigerator (temperature setting should be at 40° F or lower) or left on the counter if shelf stable (cookies, etc.).
- Make sure to wash hands thoroughly prior to handling and/or consuming the meal. Be sure that any utensils used are, also, thoroughly clean.
- Frozen meals should be taken out of the freezer just prior to reheating. **DO NOT THAW MEALS PRIOR TO REHEATING.**

- To reheat frozen meal in the microwave, remove any bread item that is in the tray (muffin square, biscuit or roll). Lift the lid off the container just to vent and prevent the meal from "exploding". Heat the meal on HIGH for 3 – 5 minutes or until the internal temperature of the meal has reached a minimum of 165° F.

- Handle hot meals with oven mitt to prevent burns.

- **DO NOT** reheat meal in a toaster oven or on top of the stove.

- **DO NOT** reheat the frozen meals or leftover portions of the frozen meals more than once. **DO NOT** save "leftovers" from meals. They should be consumed in one sitting or discarded if unable to consume entire hot meal.

- **DO NOT** reuse the tray.

- Meals are labeled with a "use by" date. Meals should be used by this date. If you begin to accumulate meals, more meals should not be ordered until accumulated meals have been utilized. Milk should be consumed or discarded by the "use by" date on the carton.

If there are any questions or problems, please feel free to call the Erie County Stay Fit Dining Program at **858-7639**.

11.13.20 JKN

NEW:_____ UPDATE: _____

[redacted]

ERIE COUNTY REGISTRATION FORM

SITE and NUMBER:			**CLIENT NO:**
Select Program(s): O AMP/MOB OClub 99 OCongregate Dining/Frozen O University Express O Other_____			
Date:	**Gender:** OMale OFemale	**DOB:**	**Veteran:** OYes ONo
Last Name:	**First Name:**		**Mid Init**
Address:			
City:	**State:**		**Zip:**
Phone:	**E-mail Address:**		**Frail\Disabled:** OYes ONo
Emergency Contact:	Relationship:		**Phone:**

Living Status: O Alone, O With Spouse Only, O With relatives, O With non-relatives, O With Spouse and others, OOthers

Marital Status: O Married O Widowed O Divorced O Never Married O Domestic Partner or Significant Other | **Number in Household:**

Race: O White OBlack O American Indian/Alaskan Native O Asian O Native Hawaiian/Pacific Islander O Other Race O 2 or More Races O White (Alone) Hispanic

Ethnicity: O Hispanic O Non-Hispanic

1 person monthly income: O less than $1304 O Between $1304 – $1630 O Between $1631 – $1956 O Greater than $1956

2 person monthly income: O less than $1763 O Between $1763 - $2203 O Between $2204 – $2644 O Greater than $2644

For Congregate & Frozen Meals Only

Read the statements below. Circle the number in the "YES" column for the statements that apply to you.

	Circle Number below if "YES" (if NO leave blank)
I have an illness/condition that made me change the kind/amount of food I eat.	2
I eat fewer than 2 meals a day.	3
I eat few fruits or vegetables, or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
Total	

A score of 0-2 means Good. You could recheck at six months.

A score of 3-5 means you are at moderate nutritional risk. You could see what you can do to improve eating habits anc make life-style changes.

A score of 6 or more means you are at a high nutritional risk. You could take the checklist to a doctor, dietitian or qualified health or social service professional and talk to them. Ask for definite ways to improve your nutritional health

Informed Consent to Capture and Record Personal Information

I hereby consent to my personal information contained in this Registration Form being saved in the Client Data System maintained by the New York State Office for the Aging and used by the local Office for the Aging. I understand that my information will not be shared with other agencies without my permission.

I understand that the information on this form may be sent to the State and federal government, and is used to improve the services offered and better meet my needs.

_____ _____

Signature Date

_____

Print

ATTESTATION
To be completed by worker

I attest that informed consent, as indicated, was obtained from the above individual, who provided his/her signature above. All appropriate processes were followed, and consent was provided voluntarily.

_____ _____

Worker Signature *Date*

_____

Worker Name (Print)

_____

Congregate Site

REVISED: 1/2025

New York State Office for the Aging and Erie County Senior Services
Frozen Congregate Meal Program

CLIENT REQUEST, ACKNOWLEDGEMENT and WAIVER

I, _____, Client, represent the following:

1. I reside at _____, Erie County, New York and currently participate in the congregate dining program at _____.

2. I hereby request to be allowed to participate in the Frozen Congregate Meal Program in order to obtain frozen meals to be stored, prepared, handled, heated and consumed by me.

3. Prior to signing this Client Request and Acknowledgement I hereby represent and acknowledge that:

a.) I have received a copy of the Erie County Stay Fit Dining - Frozen Congregate Meal Participant Training Manual outlining the safe and proper way to store, prepare, handle, and heat pre-packaged frozen meals. I have read the Manual and understand it;

b.) I also received personal instruction in the safe storage, preparation, handling, and heating of pre-packaged frozen meals. Any questions I had were adequately answered and explained; and

c.) I understand there is a risk of food poisoning, illness and even death associated with the improper storage, preparation, handling and/or heating of pre-packaged frozen meals.

4. As a condition to receiving pre-packaged frozen meals through the Frozen Congregate Meal Program, I hereby agree to store, prepare, handle, and heat pre-packaged frozen meals according to the instructions set forth in the Manual I received.

5. As a condition to receiving pre-packaged frozen meals through the Frozen Congregate Meal Program, I further agree to comply with all the requirements of the program required to receive such meals and understand that my failure to comply with those requirements may result in being denied a meal or meals.

6. If any questions arise that are not covered in the training or manual I received, I agree not to consume any meal given to me as part of the Frozen Congregate Meal Program until the question has been resolved by contacting the **Nutrition Program Office at (716) 858-7639.**

7. As a condition to receiving pre-packaged frozen meals through the Frozen Congregate Meal Program, I further agree that any meal received through the program shall be consumed by me or thrown out. I will not share, sell, give or otherwise transfer such meals to others.

8. I, for myself and my heirs, successors and/or assigns, hereby waive any claims, suits, actions and/or causes of action against the County of Erie which in whole or in part result from my failure to abide by the terms and conditions set forth herein, and/or my failure to properly follow the instructions and guidelines set forth in the training and Manual that I received.

Date:

Client's Signature: _____ Witness's Signature: _____

Client's Printed name: Witness's Printed name: