

HARVEST YEARS SENIOR CENTER, INC.
30 South Street
Camden, DE 19934
(302) 698-4285

Shopper Client Agreement

Dear Shopping Program Client,

This letter contains information about the Shopping Program. Please read thoroughly and sign.

Your assigned Shopper will review this information with you to assure that you understand the rules of the Shopping Program. Should you have questions after your Shopper reviews this information with you, please call Harvest Years Senior Center between 9:00 A.M. and 2:00 P.M. Monday-Friday at 698-4285.

SHOPPING PROGRAM Details

Qualifications:

- Homebound senior citizens or physically disabled adults who are 60 years and older.
- Unable to shop for groceries themselves and have no other available resources (family, own transportation and/or funds to pay for shopping service)
- Current membership in Harvest Years Senior Center is required. *Annual membership dues are \$20.00 due by January 1 of each year.*

Services Provided:

- Shopping for groceries is the primary service provided under the Shopping Program.
- As a courtesy, additional stops can be made at your bank and pharmacy only **provided** that the entire trip lasts no longer than 2 hours, and the additional stops are on route to or from the grocery store.

Please Note:

There will be an extra trip donation fee of \$3.00 for clients that exceed the two hour time limit.

Due to the cost of mileage incurred by the center, we ask that if you live within the Dover or Camden areas and that you use the nearest grocery store to you.

Services Provided Limitations:

- Your shopping trip is limited to one trip per week.
- Harvest Years Senior Center cannot give out the phone numbers of its shoppers. If you need to contact your shopper, please call Harvest Years Senior Center and your message will be relayed to your shopper.
- Your shopper will either shop for you or take you shopping and provide assistance as needed.
- If you are not going along, a list and sufficient **cash*** for the groceries must be ready for the shopper BEFORE the scheduled trip. ***Use of debit cards is not authorized.**
- The shopper will bring the grocery bags into your home if necessary. The shopping service does not include putting your groceries away.
- There is a \$3.00 trip donation fee for each shopping trip service provided.
- The donation fee may be given to your shopper in the form of cash or check. You may also send a check to Harvest Years Senior Center at the beginning of each month of service covering the number of trips to be provided. If you have to cancel your trip, you must notify us 24 hours in advance, otherwise you will be charged the \$3.00 trip donation fee. If this becomes a habit, Harvest Years has the right to re-evaluate each client.

If you pre pay for shopping trips, the prepayment may not exceed one month and must be used for shopping trips. The donation fee is a donation to Harvest Years Senior Center Shopping program and is not refundable for any reason. Harvest Years Senior Center reserves the right to re-evaluate each client at any time. The Executive Director has the right to require an updated application and can discontinue the service to the client if appropriate.

Thank you for your understanding and cooperation. Harvest Years Senior Center is proud of its shopping service and with your help it will continue to assist you and other Kent County Seniors who need this service.

Thomas Bones
Executive Director

Please sign and return.

I understand and agree with the above shopping client agreement.

HARVEST YEARS SENIOR CENTER

30 SOUTH STREET, CAMDEN, DE. 19934

(302)-698-4285

Fax # (302) 698-4286

E- Mail – hvsc@comcat.net

Web site - harvertyears.org

SHOPPING SERVICE APPLICATION

Date: _____

Name _____ SEX: M F

Address: _____

Phone# _____

City State Zip

Date of Birth: _____ Marital Status: S M W

Household composition : Live Alone Spouse Children

Live with Other YES NO AGE

Have Your Own Transportation: YES NO

Emergency Contact : Name: _____

Phone#: _____ Relationship _____

Local Physician: _____ Phone#: _____

How often would you need the shopping service? Weekly

Every other Week Every Third Week Monthly

How do you get groceries now? _____

Grocery Store Preference: _____

Need for the shopping Service: Permanent Temporary

Major Health Conditions _____

Mobility: Full Partial Cane/Walker Scooter/Wheelchair

Vision: Adequate Partial Blind

Hearing: Adequate Partial Deaf

I certify that the above information is true and correct to the best of my knowledge.

Applicant Signature _____ Date: _____

Who is your present driver _____

Please complete and return to above address. A shopper will be assigned to you if you do not have one. The Shopper will call you and set up a shopping schedule.

DETERMINE YOUR NUTRITIONAL HEALTH

Participant Signature: _____

Date: _____

Declined to Answer:

All applications over age 60 must complete.

Read the statements below. Circle the number under the column for the answer which applies.
Total the nutritional score at the bottom.

Question	If yes, score...	If no, score...
I have an illness or condition that made me change the kind and/or amount of food I eat.	2	0
I eat fewer than 2 meals per day.	3	0
I eat few fruits or vegetables or milk products.	2	0
I have 3 or more drinks of beer, liquor or wine almost every day.	2	0
I have tooth or mouth problems that make it hard for me to eat.	2	0
I don't always have enough money to buy the food I need.	4	0
I eat alone most of the time.	1	0
I take 3 or more different prescribed or over-the-counter drugs a day.	1	0
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2	0
I am not always physically able to shop, cook and/or feed myself.	2	0
Total Score		

Total Your Nutritional Score. If it's –

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

3-5 You are at **moderate** nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in **3 months**.

6 + 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.

Remember that Warning Signs suggest risk, but do not represent a diagnosis of any condition. To learn more about the Warnings Signs of poor nutritional health, see the DETERMINE warning signs attachment.

Answer these only if client received home delivered meals or adult day care services.

Activities of Daily Living (ADL)

Do you have any difficulties with:

1. Bathing
2. Dressing
3. Transferring/Walking
4. Toileting
5. Eating

I	A	D
I	A	D
I	A	D
I	A	D
I	A	D

Instrumental Activities of Daily Living (IADL)

Do you have any difficulties with:

1. Using the Telephone
2. Shopping
3. Preparing Meals
4. Housekeeping
5. Taking Medications
6. Finance & Money

I	A	D
I	A	D
I	A	D
I	A	D
I	A	D
I	A	D

I = Independent A = Assistance D = Dependent

Total ADL/IADL Difficulties (The Sum of all A + D =): _____