

Policy Title	Family and Community Services Advisory Board – Meals on Wheels Policy
Authority	FCSS Advisory Board
Approved (Dates/Motion #)	September 5, 2023 (M#FCSS65/2023)
Policy Number	P-FCSS012
Review	Annual at AGM
Reviewed by	Advisory Board on September 5, 2023

Policy Statement

The FCSS Advisory Board is responsible to develop, maintain, and provide preventative based social programs and support services in Bassano pursuant to the Family and Community Support Services Act, the Family and Community Support Services Regulation, and the Town's strategic plan.

Purpose Statement

The purpose of this policy is to clearly establish roles and responsibilities for the delivery of the Meals on Wheels Program offered in Bassano.

Definitions

Director – means the FCSS Director, an employee of the Town, that is dedicated to the FCSS Advisory Board managing social programs and services.

FCSS Advisory Board – a volunteer advisory board of directors appointed by Council with the responsibility of leading and managing social programming in the Town.

Town – means the incorporated municipality of Bassano.

Playfair Lodge – means the representative of the Newell Housing Foundation providing the services for the Program.

Recipient – means the person who is receiving the program.

Program – means the preparation and delivery of hot meals to approved recipients in Town; Meals on Wheels.

Program Administration – means intake of applications, communicating program recipients needs and performance of annual reporting to maintain the Program.

Responsibility

It is the responsibility of the Director to ensure this policy is implemented.

Process

1. The Program will align with the [FCSS program Handbook](#) and must follow FCSS reporting guidelines based on the [FCSS Measures Bank](#).
2. The Program will align with P-FCSS007 Programming Policy.
3. The Program is not subsidized by the Town or the FCSS Department.
4. The Director shall ensure Program Administration is maintained, and facilitated annually with a clearly defined program outline, objective, and measurement matrix.
5. The Director shall provide Playfair Lodge with recipient enrollments, delivery destination, meal frequency, and contact information for Program facilitation.
6. Playfair Lodge shall prepare meals in an approved facility for the Program.
7. Playfair Lodge shall provide and coordinate transportation of meals.
8. Playfair Lodge shall invoice the Town on a monthly basis for the Program.
9. The Town will pay Playfair Lodge directly for the Program, and invoice Program recipients accordingly.
10. Defaulted meal payments will be maintained through the FCSS budget.
11. The policy shall be reviewed annually by the FCSS Advisory Board to ensure its purpose and validity.

Eligibility Requirements

1. Reside in the Town's corporate limits.
2. Complete and submit an enrolment application (Appendix A).
3. Recipients must maintain a good standing of their account. Any recipient that defaults on their account or has a balance outstanding after 45-days will be immediately suspended from the Program until the account balance is paid in full.

Roles and Responsibilities

Director
<ol style="list-style-type: none"> 1. Support the Program by effectively communicating needs between Recipient and Playfair Lodge. 2. Complete accounting services and maintain accurate records. 3. Complete an annual Program review with Playfair Lodge
Playfair Lodge
<ol style="list-style-type: none"> 1. Set the rate for Program meals annually and report rates to the Town. 2. Maintain financial responsibility of production and distribution of Program meals. 3. Invoice the Town for Program delivery on a monthly basis for the meals distributed.
Applicant
<ol style="list-style-type: none"> 1. Complete the enrolment application and submit to the Director. 2. Maintain account balance. Unpaid accounts will result in suspension from the Program. 3. Communicate changes to scheduled delivery 48 hours in advance to Playfair Lodge.

Policy Reference

1. P-FCSS007 Programming Policy

END OF POLICY

Approved

Appendix A

Meals on Wheels Application for Enrolment

Date: _____

Name: _____

Street Address: _____

Phone Number: _____

Bill to: _____

Mailing Address: _____

Town/Province: _____ Postal Code: _____

Next of Kin: _____ Phone Number: _____

Starting Date: _____

End Date: _____

Delivery Schedule:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Signature of Client: _____

Meals on Wheels is an unsubsidized pay per use program operating on a monthly billing cycle.
Unless otherwise specified Bassano FCSS will confirm continued enrollment on an annual basis.

If you would like to preauthorize your monthly payments, please complete the credit card information below.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy): _____	
Cardholder Postal Code (from credit card billing address): _____	

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Any recipient that defaults on their account or has a balance outstanding after 45-days will be immediately suspended from the Program until the account balance is paid in full.

Consent Initial _____

Customer Signature

Date

This information is being collected for the purpose of Meals on Wheels Services pursuant to the provisions of the Municipal Government Act and its regulations and pursuant to Section 32 (c) of the Freedom of Information and Protection of Privacy Act.