



# RAMSEY-OAM Application Form

2500 Bloomington Ave, Minneapolis, MN 55404

Phone (612) 767-7333 || Fax (612) 872-0866 ||

[meals@openarmsmn.org](mailto:meals@openarmsmn.org)

**INSTRUCTIONS:** Please save a copy of this file using the client's name before completing the form. If you are using a browser (Chrome, IE, Edge, etc.), please select >print and then select >save as pdf from the print dialog box. When you have completed the form, please email it as an attachment to [meals@openarmsmn.org](mailto:meals@openarmsmn.org) or print the form and fax it to (612) 872-0866. Thank you! **PLEASE NOTE:** Only fully completed forms (including all required signatures) can be processed.

## What is Open Arms?

Open Arms of Minnesota provides free, home-delivered meals to people living with life-threatening illnesses in the Twin Cities area. We are now partnering with Ramsey County to also provide meals to people who have been affected by COVID-19. Meals may be delivered to a home address within Ramsey County once per week. To be eligible, you must live in Ramsey County, be older than 18 years, affected by COVID-19, and experiencing financial hardship. For more details, visit [www.openarmsmn.org/covid-19-response-program](http://www.openarmsmn.org/covid-19-response-program).

<b>CLIENT INFO</b>	Client Name (First and Last):		
	Address (where meals will be delivered):		Apt:
	City:	Zip Code:	County:
	DOB:	Client email:	
	Client Phone Mobile:		Client Phone Home:
	Is an interpreter needed for this member? <input type="checkbox"/> N <input type="checkbox"/> Y		If yes, language needed:
	Are you currently enrolled in SNAP benefits/food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>CLIENT DEMOGRAPHICS</b>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Transgender M to F <input type="checkbox"/> Transgender F to M <input type="checkbox"/> Gender Unknown
	Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian ( <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian) <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander ( <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander) <input type="checkbox"/> White
	Ethnicity: <input type="checkbox"/> Hispanic ( <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic) <input type="checkbox"/> Non-Hispanic

<b>DELIVERY INFO</b>	Mobility or other challenges that might affect delivery (e.g., wheelchair, deaf, blind, bedbound, amputations):
	I need assistance bringing the meals into my home (i.e., will a staff member need to enter your home?): <input type="checkbox"/> Yes <input type="checkbox"/> No
	Special delivery instructions (e.g., gates, buzzer at front door, stairs, etc):
	Special dietary needs or allergies (OAM has temporarily streamlined menus and meals may include allergens including wheat, milk, eggs, soy, peanuts, tree nuts, shellfish, and fish):

<b>MENU OPTIONS</b>	
<b>OAM has 4 menu options that are medically tailored for specific needs. Meals may include allergens such as wheat, milk, eggs, soy, peanuts, tree nuts, shellfish, and fish. Clients must read nutrition facts labels and ingredient lists. Salt and saturated fat is controlled on all menus, and each one is diabetes-friendly. Clients can only choose one menu at a time, but may be able to switch menus while on service.</b>	
<input type="checkbox"/> <b>Heart Healthy:</b> low sodium; low saturated fat; includes a variety of foods known to support heart health	<input type="checkbox"/> <b>Vegetarian:</b> No meat, poultry, or fish. May contain dairy or eggs.
<input type="checkbox"/> <b>Bland:</b> Soft, fork-mashable foods; low in spice and acid	<input type="checkbox"/> <b>Kidney-Friendly/Renal:</b> Low in potassium, phosphorus, and sodium for clients on hemodialysis
<input type="checkbox"/> <b>Modified Texture:</b> Any of the above menus can be blended to textures consistent with a pureed diet (only applies to frozen entrees and soups)	
<b>OAM can send ½ gallon of 1% milk with your weekly delivery</b>	
<input type="checkbox"/> Do not send milk	<input type="checkbox"/> Send milk each week
<b>OAM can send a box of cereal/oatmeal every other week</b>	
<input type="checkbox"/> Do not send cereal/oatmeal	<input type="checkbox"/> Send cereal/oatmeal every other week

**CLIENT AGREEMENT**

1. I have read the description of services and consent to receive meals from Open Arms of Minnesota.
2. I have read and agree with the Client Responsibilities, Rights, and Grievance Procedures.
3. I have read and agree with the non-discrimination policy.
4. I have read and agree with the Missed Delivery Policy and understand weather-related cancellations.
5. I understand that this authorization will have the duration of six months from the date of my signature.
6. I understand all OAM guidelines and have received a client copy of this documentation.

<b>APPLICANT SIGNATURE (Provider may obtain verbal consent from client. If verbal consent is obtained, please indicate that when signing below.)</b>	
Applicant Name:	Date:
Applicant Signature:	

**CLIENT ELIGIBILITY CONFIRMATION**

**Tennessee Warning:**

Before you provide your personal information to us, please note that the information you provide is generally private. The information you give us will be used to help us determine if you are eligible for the services you are requesting and run this program. The information you provide may be shared with (1) staff in this organization, (2) staff at Ramsey County, and (3) others with legal authority. You can choose not to provide information we request. However, if you choose not to provide information, we may not be able to provide the service you are seeking.

Agency to deliver meals: **Open Arms of Minnesota**

Name(s) of adult recipient(s): \_\_\_\_\_

Due to CARES funding, it is required that eligibility is met to receive meal delivery prior to December 30<sup>th</sup>, 2020. **\*\*You can still qualify for this service, even if you have other children or adults in the house who do not qualify for this service.**

In order to receive the home delivered meals, I certify I meet the requirements below:

- I live in Ramsey County
- I am over the age of 18
- I am homebound due to COVID-19 for one of the following reasons:
  1. Directed to isolate or quarantine;
  2. Health compromised and in need of help to access prepared meals; or High-risk categories as defined by the CDC
- I am experiencing financial hardship and unable to afford other home delivery meal or groceries
- Further, I certify the following also: I do not receive any of the following services:
  1. Foodservices for free, home delivered meals and/or meals which are included in a paid service (foster care, personal care assistant services with foodservices, waiver services with foodservice, housing supports with room and board, etc.);
  2. Subsidized or free community services, such as Meals on Wheels, Open Arms, or school district meals etc.

By signing below, I certify I qualify to accept services and receive meal or grocery delivery according to the requirements above, and can be contacted by Ramsey County, or approved vendors for service-related surveys in the future.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agency Signature: **Open Arms of Minnesota**

Date: \_\_\_\_\_

**CLIENT CONSENT TO RELEASE INFORMATION**

I understand that any medical information about me provided to Open Arms of Minnesota and Ramsey County is confidential and will not be disclosed without my consent in this release.

I also agree that staff of Open Arms of Minnesota may contact individuals I supply as additional contacts if needed to provide meal service, or in emergency situations.

This release will remain in effect for six months from the date below unless revoked in writing, or I am no longer a client of Open Arms of Minnesota.

I, \_\_\_\_\_, have requested services from Open Arms of Minnesota. I understand that in order to provide services, OAM may need to release and/or receive information about me to/from Ramsey County and others listed below:

		Name of Contact	Agency Name	Phone Number
RELEASE OF INFORMATION	Referred By			
	Emergency Contact			
	Caregiver/Spouse /Family Member (if needed)			
	Social Worker / Case Manager			

CLIENT SIGNATURE	
Client Signature:	Date:

**Note: Due to the COVID-19 outbreak, referrers may temporarily obtain verbal consent from clients for the Release of Information and the Waiver. Referrers must indicate in writing that they have received verbal consent.**

**Completed application forms can be emailed ([meals@openarmsmn.org](mailto:meals@openarmsmn.org)) or faxed: 612-872-0866**

**CLIENT RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

**Please read carefully before signing.**

I, \_\_\_\_\_, in exchange for the opportunity to receive and consume meals and other food as a client of Open Arms of Minnesota (“OAM”), which includes delivery of the meals and food by OAM staff and/or volunteers, hereby represent and agree as follows:

*(client signature)*

I, for myself, my successors, heirs, assigns, executors, administrators, spouse, next of kin, and caretakers:

- Take full responsibility for any physical, mental, or other health-related conditions that may affect me as a result of delivery, receipt, and/or consumption of meals and other food provided by OAM. I agree that I will alert OAM if I have any concerns about the delivery process, the meals and food provided, or anything else related to the program;
- Acknowledge and understand that participation in OAM programs, including but not limited to the delivery, receipt, and consumption of free meals and other food, is voluntary and that OAM is providing meals and other food to me and if requested, my child(ren) and my caretaker(s), free of charge. I freely elect to participate in the program;
- Know, and am aware of, the risks and dangers associated with my participation in OAM programs in which I have chosen to participate. Said risks may include injury or accident to person or property, death, or other loss, including but not limited to foodborne illnesses and allergic reactions due to food allergens that may or may not arise due to cross-contamination in the kitchen from OAM use of nuts, gluten, and other potential allergens. Risks may also arise if food is not properly stored or handled after OAM delivers it. I assume any and all risks, whether known or unknown, while participating in OAM programs;
- Know, and am aware that, due to the nature of OAM’s work and reputation, there is a risk that my neighbors, family, and/or friends may assume and/or discover that I have a serious illness, including but not limited to, HIV/AIDS, MS, ALS, CHF, COPD, ESRD, and/or cancer. I will not hold OAM responsible or liable if this happens;
- Agree to release, indemnify and hold harmless OAM and its affiliates, including any subsidiaries, agencies, successors or assigns and the officers, directors, employees, volunteers, and agents thereof (collectively “OAM”), from any and all responsibility or liability for injuries or damages incurred as a result of my participation in OAM programs, including injuries or damages resulting from negligence on the part of OAM. However, nothing in this release should be construed to release any entity, including OAM, from liability for willful, wanton or intentional acts.

**THIS DOCUMENT RELEASES OPEN ARMS OF MINNESOTA AND ITS RESPECTIVE SUBSIDIARIES & AFFILIATES, OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM LIABILITY FOR BODILY INJURY, WRONGFUL DEATH, PROPERTY DAMAGE, INVASION OF PRIVACY, BREACH OF CONFIDENTIALITY, DEFAMATION, AND/OR OTHER CLAIMS AS SET FORTH HEREIN. I HAVE READ THIS DOCUMENT & UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS & ASSUME ALL RISKS BY SIGNING IT AND I SIGN VOLUNTARILY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

**Note: Due to the COVID-19 outbreak, referrers may temporarily obtain verbal consent from clients for the Release of Information and the Waiver. Referrers must indicate in writing that they have received verbal consent.**

**Completed application forms can be emailed ([meals@openarmsmn.org](mailto:meals@openarmsmn.org)) or faxed: 612-872-0866 Home Delivered Meals- Ramsey County COVID response.**

## OPEN ARMS OF MINNESOTA POLICIES

**What are my responsibilities as a client?** To assure efficient, high quality service, clients are responsible for the following:

- **Paperwork:** Complete all necessary paperwork as requested in order to receive meals.
- **Contact Info:** Notify Client Services if your address or phone number changes.
- **Delivery Schedule:** Deliveries are generally made between 10:00 am and 3:00 pm on Fridays. Please call if Fridays don't work for you. On the day of your scheduled delivery, someone must be home for the entire time window to accept the delivery. You must adhere to the Missed Delivery Policy.
- **Cancellation:** Clients must call our Client Services Department at 612-767-7333 at least two business days in advance and we can either cancel your delivery or reschedule the delivery.
- **You must treat all OAM staff, volunteers, and drivers with respect and courtesy.** Any party receiving a delivery must be fully clothed.
- **You are responsible to know and follow your diet restrictions.** OAM will accommodate special diet restrictions if possible, but we are not an allergen free facility and cross-contamination may occur.

**What are my rights as a client?** As a client of OAM, you have the right:

- To be treated with dignity and respect.
- To be informed of any changes being made to the client policies and procedures.
- To confidentiality and to have the right protected by staff, volunteers and all others associated with OAM to the best of their ability.
- To have every reasonable effort made to accommodate special dietary needs and restrictions.
- To contact OAM if you have concerns or complaints about food, service, or treatment by staff or volunteers and to be informed of the Grievance Procedure.
- To provide input, suggest changes, offer criticisms, and comments.
- To receive interpreter services at no cost to you.

**What is the grievance procedure?** As a client, you have the right to contact OAM with concerns. If a client believes they have been treated unfairly by Open Arms:

1. Client should seek to resolve any disagreement or dispute with the person involved, whether staff, volunteer, or other person associated with OAM. You may call Client Services staff at 612-767-7333.
2. If not resolved, the client should contact the Director of Client Programs Senior Manager of Nutrition and Client Services with a written grievance within 10 days. The Senior Manager will have 10 days to respond to the complaint.
3. If the above fails to resolve the situation, the grievance will be given to the Executive Director for review and resolution. Action and recommendations will be made by the Executive Director and communicated within 30 days of the written notice.

**What is the non-discrimination policy?** OAM will not discriminate against, or harass, any client or applicant for services because of race, color, creed, ethnicity, national origin, religion, disability status, veteran status, status with regard to public assistance, age, sex, sexual orientation, or marital status.

**Missed Delivery Policy:** We expect someone to be at your delivery address to accept the meals on your scheduled delivery day. Deliveries are generally made between 11:00 am and 2:00 pm; someone must be available to accept the delivery during the entire delivery window. For food safety reasons, we are not able to leave food unattended, even in a cooler or enclosed porch. You may give us an alternate delivery location, such as a neighbor or the office of your building (we will need a contact and will verify their willingness to be your alternate delivery location); alternate delivery arrangements must be made at least one business day in advance. **An unexcused missed delivery** is when we attempt to deliver your meals on your regularly scheduled day and no one is home to receive it.

If you will not be home during your regular delivery time, please call us at least 2 business days in advance. We may be able to reschedule your delivery to another day. Telling a driver that you will not be home for delivery is not sufficient notice for a canceled delivery. You must speak with a Client Services staff member or leave a voicemail at 612-767-7333. If you will not be home during your delivery window due to a last minute change in your schedule, please call us no later than 8:00 am on the day of your delivery and speak with a Client Services staff member or leave a voicemail.

**Weather-related Delivery Cancelations:** We do our best to deliver your meals through all of Minnesota's seasons. When weather is too harsh for our delivery drivers, we may cancel deliveries. We will cancel **ALL** deliveries if **Minneapolis Public Schools** are closed due to bad weather. We will reschedule deliveries as soon as the weather allows.