



MEAL SERVICE AGREEMENT

Payee: Client, Family Member, Organization, etc.: _____

The payee above agrees to pay S. E. Ohio Foodbank and Kitchen on behalf of : _____
 _____ (recipient of meal).

Type of meal service: _____

Meal Start Date: _____ Would you like to receive Holiday meals? _____ Yes _____ No

Home delivered meals must be paid for in advance of monthly meals service. Meals will be billed based on the number of meals ordered for the month at a rate of \$6.50 per meal. **Meal service will start upon receipt of payment.** Meals will be billed on a monthly or bi-weekly basis to the designated payee.

Total number of meals to be billed: _____ X \$6.50 per meal = _____ per month

Payment should be mailed to : **S.E. Ohio Foodbank and Kitchen**
 ATTN: Nancy Henderson
 1005 C.I.C. Drive
 Logan, OH 43138

HAP Community Action shall terminate meal service if pre-payment is not made, or by verbal or written notice from the payee.

Payee	Date	HAPCAP Representative	Date
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Revised 1/10/17

Please see other side for meal service, delivery service, and billing information.

DELIVER TO:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Person: _____

Relationship: _____ Phone: _____

Driving Directions: _____

BILL TO:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Meal service consists of a delivered meal that contains 1/3 of the required daily allowance according to nutrition standards. The meal or meals being delivered are named in the Type of Meal Service line on the front page of this document.

All meals are considered ordered and billable according to that description unless HAPCAP is notified by the payee 24 hours in advance of meal service. If a meal is cancelled within 24 hours of the meals service, the account will be credited.

To cancel meals, please call 1-800-385-6813, Ext. 2217, prior to 8:00 a.m. Health regulations prohibit us from leaving meals when the recipient is not home. Please refer to your Client Handbook for further details.