



Dear Project Chicken Soup Client,

Thank you for inquiring about Project Chicken Soup's meal deliveries for people living with HIV/AIDS, cancer and other serious illnesses. Enclosed you will find forms which we must have for our records in order to begin your enrollment process.

We require documentation from the clients whom we serve in order to apply for funding and to maintain our non-profit 501-c-3 status. In addition, it will also be very helpful for us to know more about all our clients in order to help us plan future service delivery. Toward this end, we ask you to complete the **Client Intake Form**.

We also find that, on occasion, we encounter problems with deliveries to clients who do not understand that we are a volunteer organization, and we work efficiently only when we can count on our clients to be serious about our schedule. Consequently, we are asking that everyone sign the enclosed **Service Delivery Agreement**.

Please have the **Physician Statement of Diagnosis Form** completed by your doctor and return to us with the Client Intake Form and the Service Delivery Agreement.

If you have any questions, please feel free to call us at 310-836-5402.

Thank you.

Best regards,

Cathryn Friedman  
Executive Director  
Project Chicken Soup

# Project Chicken Soup Client Intake Form

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: home \_\_\_\_\_ cell \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Please tell us about yourself:** Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

1. If living with HIV disease, what is your HIV status?

HIV-positive \_\_\_\_\_ or AIDS \_\_\_\_\_

2. If you are not living with HIV disease, please tell us what your primary medical diagnosis is:

Diagnosis: \_\_\_\_\_ Date Diagnosed: \_\_\_\_\_

3. Please tell us which statement best describes your life presently (*check one*):

- I work full time or part time and have minimal to no activity limitation as a result of my condition.
- I am not employed but also have minimal to no activity limitation as a result of my condition.
- There are activities I can't participate in but I'm still able to get out to do errands, be with friends, etc.
- I need to stay home most of the time and have support persons assisting me with some activities of daily living.
- I rarely or never get out of the house due to my illness.
- Other description \_\_\_\_\_

4. How do you currently get your meals? \_\_\_\_\_

5. Does anyone live in your home besides yourself? \_\_\_\_\_

Name(s) and relationship(s) \_\_\_\_\_

6. Do you have any special dietary requirements (e.g., food allergies, diabetic diet, fat, salt or renal restrictions?)

\_\_\_\_\_

7. Who referred you to PCS? \_\_\_\_\_

## Project Chicken Soup

### Service Delivery Agreement

*Project Chicken Soup (PCS) strives to bring nourishment and comfort to our clients in as warm and as consistent an atmosphere as possible. Because we know that circumstances can change, please read and sign the following statement in regard to our services.*

As a client of Project Chicken Soup (PCS), I understand and agree to the following:

1. I agree I will provide PCS with written proof of diagnosis of HIV disease or other serious illness by returning the completed Statement of Diagnosis Form.
2. I agree to be home when deliveries are scheduled. I understand that I must be home to receive my meals between 12:00 p.m. to 3:00 p.m. on Sunday when I am scheduled to receive meals. If an emergency arises and I am suddenly unable to accept my delivery, I will make every effort to notify the PCS office at 310-836-5402.
3. I understand that meals cannot be left with anyone other than me, unless prior arrangements are made. I understand that my representative or I must call PCS at 310-836-5402 at least 24 hours in advance, when possible, to cancel meals when I will not be home to accept them. I understand that if I miss three (3) deliveries (without calling in advance to cancel) – I may be suspended from the meal program for one month. If I miss another delivery after the one month suspension period, I may be suspended for a period of time to be determined by PCS.  
**I understand that if I am not home to receive my meals and have not called in advance to cancel, I will not receive any meal deliveries until I call PCS.**
4. I understand that PCS is a volunteer organization, and that dependence on volunteer drivers may mean that delivery times may be altered or delayed due to unavoidable circumstances.
5. I understand that PCS may not be able to deliver to all areas of the county at all times. I understand that, if I live in a distant area of the county, I might not be able to receive deliveries on a regular basis. I understand that I may pick up meals, if necessary.
6. I understand that verbal abuse directed toward PCS volunteers or staff may result in immediate suspension or termination of PCS deliveries. Any subsequent incident of verbal abuse directed towards PCS volunteers or staff *will result in immediate termination of PCS services*. I understand that at no time may I cause a PCS representative or volunteer to feel endangered. This includes physical and/or verbal abuse at any time. This may also include other situations deemed dangerous by PCS.
7. I understand that PCS will not deliver meals to any household or building where a PCS volunteer may be endangered. This includes physical and verbal abuse and substance use by the client or anyone in the client's household or building. This may include other situations deemed dangerous by PCS.
8. I understand that I have the right to contact PCS regarding a concern, complaint or grievance without fear of losing my services and that the issue will be resolved quickly and respectfully.
9. I understand that PCS operates in a confidential manner.
10. I have read, or someone has read to me, all PCS guidelines. I understand them and I have received a copy of this agreement.

Name: \_\_\_\_\_

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

**Your Copy**

**Project Chicken Soup**

**Service Delivery Agreement**

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Name: \_\_\_\_\_

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

**Physician Statement of Diagnosis in Application for Project Chicken Soup Home Delivered Meals**

Date \_\_\_\_\_

Patient's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

I certify that my patient, \_\_\_\_\_, has a documented primary medical diagnosis as follows (*please check one*):

HIV-positive \_\_\_\_\_ AIDS \_\_\_\_\_

Cancer (site) \_\_\_\_\_ Other medical diagnosis \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_

Karnofsky Score \_\_\_\_\_

If HIV-positive or AIDS diagnosis, please let us know:

Last T-cell count & date \_\_\_\_\_

Albumin level & date (if known) \_\_\_\_\_

**I further certify that due to the diagnosis listed above, and the documented Karnofsky Score, the above named client has sufficient limitations leading to an inability to prepare or procure food.**

Physician's Name \_\_\_\_\_ Signature \_\_\_\_\_

License Number \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date Signed \_\_\_\_\_