



Food and Companionship Exchange (FACE) Program

Community Member Welcome Packet FY 2014-15



MISSION STATEMENT

Project MANA aims to drastically reduce the incidence of hunger and its detrimental effects upon individuals, families, the community and the region.

Food and Companionship Exchange (FACE) Program **Terms and Conditions**

Project MANA is a non-profit hunger relief agency serving North Lake Tahoe and Truckee. FACE (Food and Companionship Exchange) is a program that serves people who are restricted to their homes because of health, and who have limited access to food by delivering groceries to their homes each week.

Eligibility

Project MANA staff will determine if your needs and our service are a good match. To qualify for home delivery, you must:

- Be incapable of attending one of our weekly food distributions due to a mental or physical limitation.
- Have no outside assistance such as family, neighbors, friends, or church, and have no other members of your household who can attend food distributions.
- Have a gross monthly income of less than \$1,211 (or 130% of the Federal poverty level).
- Live within Project MANA's service area, which includes Tahoe City, Truckee, Kings Beach or Incline Village.

Requirements

Project MANA requires the following:

- A written recommendation from your healthcare provider
- An in-person initial assessment with a Project MANA staff member
- Periodic re-assessments with a Project MANA staff member

Deliveries

The people who deliver your groceries are kind-hearted community volunteers. Your groceries will be delivered every week in accordance with your volunteer's schedule and availability.

Food Provided

Community members on the FACE program are provided with standardized perishable and non-perishable food bags each week. The perishable food bags contain 1 gallon milk/milk substitute and ½ dozen eggs twice per month as well as bread, fruits and vegetables every week depending on availability. The non-perishable food bags contain a combination of 8-9 items, including soups, meats, beans, nut butters, fruits, vegetables, pastas and rice and will be delivered twice per month.

Periodic Reassessment

Project MANA staff will check in every three months to see if your needs have changed. We may ask for a renewal of your health care provider's recommendation.



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Cause for Termination

You will be removed from the FACE program if:

- A recommendation form signed by a physician is not provided within 2 weeks of the initial assessment with a Project MANA staff member
- You no longer meet the eligibility requirements and you fail to let us know
- You fail to respond to Project MANA's attempts to contact you for periodic reassessments or for any other reason
- You are not found at home for two consecutive weeks and you fail to alert Project MANA of your absence

Violation of any item in these Terms and Conditions is cause for disqualification from receiving any and all services from Project MANA. A system of 3 warnings will be used, beginning with a formal, verbal warning, followed by a written warning and, finally, a third warning, which will result in disqualification from receiving services from Project MANA.



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Project MANA General Code of Conduct

Project MANA defines a community member as an individual who receives Project MANA services.

Project MANA staff, volunteers and community members will...

- Be committed to helping Project MANA achieve our mission.
- Treat each other with respect at all times.
- Communicate their needs and frustrations directly to a Project MANA staff member in a respectful and constructive manner.
- Hold in confidence all personal and private information concerning staff, volunteers and community members of Project MANA.
- Uphold an environment free from discrimination and harassing conduct, including sexual harassment.
- Ensure all Project MANA services are administered and received fairly.
- Abide by the guidelines of each Project MANA program being administered or received.
- Not be under the influence of drugs and/or alcohol at the time Project MANA services are administered or received.
- Not smoke within 50 feet of a Project MANA service site.

Violation of any item in this Code of Conduct is cause for disqualification from volunteering at or receiving services from Project MANA. A system of 3 warnings will be used, beginning with a formal, verbal warning, followed by a written warning and, finally, a third warning, which will result in disqualification from volunteering at or receiving services from Project MANA.



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Food and Companionship Exchange (FACE) Program **Frequently Asked Questions (FAQs)**

Who can I expect to deliver my food in the weeks following my enrollment in the program?

Your food will be delivered by a Project MANA staff member until a regular volunteer is secured to deliver your food. Before your volunteer is allowed to start delivering to you, he or she will go through a rigorous volunteer intake procedure, where they will be informed of the program's policies and procedures, and be background checked and fingerprinted. Their signature on a confidentiality form ensuring your privacy is also required. You will be contacted with information about your volunteer and when to expect them.

What kind of food can I expect to be delivered each week?

You will receive weekly deliveries of perishable food bags* that contain the following:

- 1 gallon 1% milk or ½ dozen eggs
- 2 types of fruit (depending on availability)
- 3-4 types of vegetables (depending on availability)
- 1 loaf of bread
- Donated items when available

*This bag contains perishables and must be refrigerated immediately.

You will receive bi-monthly deliveries of non-perishable food bags that contain the following:

Week 1

- 1 can soup
- 2 cans vegetables
- 1 can fruit
- 1 can tuna or meat
- 1 can beans
- 1 can/jar tomato sauce
- 1 bag/box pasta
- Peanut butter
- 1 condiment or special item

Week 2

- 1 can soup
- 1 can vegetables
- 2 cans fruit
- 1 can tuna or meat
- 1 can beans
- 1 bag/box rice
- 1 bag dried beans/lentils
- 1 cereal, oatmeal, or crackers (when available)

What do I do if I need more food?

Each FACE community member is allowed up to 6 Emergency Bags and 6 Cooking Compromised Bags each year *in addition* to the food delivered weekly. Emergency Bags are intended to supplement a family of 2-4 for 3 days, and provide additional food to community members who feel that the food they receive in their weekly FACE deliveries are not quite enough or who need food immediately and cannot wait until the next scheduled FACE food delivery. Each bag contains:

- 2 cans of vegetable soup
- 2 cans of tomatoes/tomato sauce
- 2 cans vegetables
- 3 cans of fruit
- 2 quarts shelf-stable milk
- 1 pasta
- 2 cans of meat or 1 peanut butter
- 1-2 extra items (including gelatin, snacks, desserts, tea/coffee drinks)

Fighting Hunger With Your Help

948 Incline Way • Incline Village, Nevada 89451
775-298-0008 • www.projectmana.org



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Cooking Compromised Bags are available to community members *in addition* to their weekly FACE food deliveries. These bags are intended to provide hunger relief for community members who are “cooking compromised,” and have little to no access to kitchen appliances such as a stove, microwave or oven. Bag contents require little to no cooking and include:

- Plastic utensils, a bowl, a cup
- 2 cans canned meat (tuna, chicken, salmon)
- 1 jar peanut butter
- 4 packages Ramen noodles
- 2 instant oatmeal packets
- 2 granola bars

To request an Emergency Bag or Cooking Compromised Bag, call Project MANA prior to your next scheduled FACE food delivery at 775-298-0008.

Can I attend Project MANA’s Weekly Food Distributions AND be on the FACE Program?

No. FACE food deliveries are strictly reserved for community members who have a physical or mental limitation inhibiting them from attending Project MANA’s weekly food distributions. Additionally, community members may only receive food from Project MANA once per week (in addition to Emergency Bags and Cooking Compromised Bags).

What do I do if I will be out of town during a scheduled FACE food delivery?

Please call the Project MANA office at 775-298-0008 to let us know. You will be removed from the FACE program if you are not found at home for two consecutive weeks and you fail to alert Project MANA of your absence

What do I do if I do not like my food or am allergic to it?

We ask that you place your unwanted (unopened and non-perishables ONLY) food items in a bag and give it to your volunteer the following week. Your volunteer will bring these unwanted items back to our office to distribute to other community members in need.

What happens with my food deliveries over the holidays?

The Project MANA office will be closed and food will NOT be delivered on the following holidays: New Year’s Day, Martin Luther King, Jr. Day, Presidents’ Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve, Christmas Day, and the day after Christmas. Arrangements will be made for food deliveries on bordering days.

What happens if my volunteer does not show up at our designated time?

Allow your volunteer at least 24 hours from the scheduled delivery time to get your bag to you. If after 24 hours you have not received your food bag, call the Project MANA office at 775-298-0008 so we can contact your volunteer directly.

What do I do if there are issues between me and my volunteer?

Please call the Project MANA office at 775-298-0008 and let us know immediately. We are more than willing to work with you to find a volunteer who is more appropriate for you.



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Who can I expect if my volunteer cannot make our schedule delivery?

You can expect a Project MANA staff member or another Project MANA volunteer to deliver your food bags if your volunteer is out of town.

Where is the Project MANA office located?

The Project MANA office is located in Incline Village, NV at 948 Incline Way in the DWR Building.

What do I do if I need pet food?

Project MANA no longer provides pet food to community members. Please call your local animal shelter for assistance if you are in need of pet food.

Washoe County

Pet Network Humane Society, 401 Village Blvd, Incline Village, NV – 775-832-4404
Wylie Animal Rescue Foundation, PO Box 5364, Incline Village, NV – 775-833-2319

Placer County

Placer County Animal Control, 849 Shelter Rd, Tahoe Vista, CA – 530-546-1990

Nevada County

Humane Society of Truckee-Tahoe, 10720 Riverview Dr, Truckee, CA – 530-587-5948

Can I still receive Project MANA food deliveries if I'm on Meals on Wheels or Food Stamps?

Yes! Project MANA's services do not conflict with programs such as Meals on Wheels and Food Stamps. We encourage community members to use as many local resources as possible and our staff assists with additional information.



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For information on community resources, please see the contact information below.

County	Organization	Services Provided	Address	Phone Number
Washoe County	IVGID Senior Programs	Transportation, Social Activities	980 Incline Way, Incline Village, NV	775-832-1310
	Tahoe Family Solutions	Counseling, Financial Assistance, Transportation	948 Incline Way, Incline Village, NV	775-298-0004
	Tahoe SAFE Alliance	Abuse Survivor Services, Legal Advocacy	948 Incline Way, Incline Village, NV	775-298-0010
	Tahoe Youth and Family Services	Substance Abuse Counseling	948 Incline Way, Incline Village, NV	775-298-0275
Placer County	North Tahoe Family Resource Center	Food Stamps, Clothing, Housing	8321 Steelhead Ave, Kings Beach, CA	530-546-0952
	Tahoe SAFE Alliance	Abuse Survivor Services, Legal Advocacy	8321 Steelhead Ave, Kings Beach, CA	530-546-7804
	Sierra Mental Wellness Group	Mental Health Therapy, Substance Abuse Services	2690 Lake Forest Rd, Suite B, Tahoe City, CA	530-581-4054
Nevada County	Community Recovery Resources (CORR)	Detoxification Services, Supportive Transitional Housing, Life Skills Services	10015 Palisades Dr, Suite 1, Truckee, CA	530-587-8194
	Family Resource Center of Truckee	Legal Services, Family Advocacy	11695 Donner Pass Rd, Truckee, CA	530-587-2513
	Sierra Agape Center	Life Coaching, Holistic Psychotherapy, Healing Touch Massage	10153 River St, Truckee, CA	530-414-1885
	Sierra Senior Services	Meal Delivery	10040 Estates Dr, Truckee, CA	530-550-7600
	Tahoe SAFE Alliance	Abuse Survivor Services, Legal Advocacy	12257 Business Park Dr, Unit 6, Truckee, CA	530-582-9117
	Truckee Women, Infants and Children (WIC)	Health Care Referrals, Nutrition Education	10075 Levon Ave, Suite 207, Truckee, CA	



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Project MANA FACE Program Physician Referral Form

Dear Physician,

Thank you for taking the time to fill out this recommendation form for Project MANA's Food and Companionship Exchange Program (FACE).

Project MANA is a non-profit hunger relief agency serving North Lake Tahoe and Truckee. FACE is a home grocery delivery program that serves people who are restricted to their homes because of health, and who have limited access to food. To qualify for home delivery, one must:

- Be incapable of attending one of our weekly food distributions due to a mental or physical limitation.
- Have no outside assistance such as family, neighbors, friends, or church, and have no other members of your household who can attend food distributions.
- Have a gross monthly income of less than \$1,211 (or 130% of the Federal poverty level).
- Live within Project MANA's service area, which includes Tahoe City, Truckee, Kings Beach or Incline Village.

We ask that all members of the FACE Program provide us with a recommendation from a physician. We also require that updated recommendation forms are provided periodically to ensure that each FACE Program member continues to meet the program's requirements.

Please understand that this program must be reserved for those who truly need this service and make your recommendation accordingly.

Sincerely,

Heidi Allstead
Executive Director

Please complete the following form and return it to the client or fax it to 775-298-0009. For questions or for more information about Project MANA, please call (775) 298-0008 or visit www.projectmana.org.

Client Name: _____ Client Date of Birth: _____
Physician Name: _____ Physician Phone: (____) ____ - ____
Name of Business: _____
Physician Address: _____ City: _____ State: _____ Zip: _____
Signature of Physician: _____ Date: _____