

Welcome to the Mary Phillips Senior Center!

Hello,

Thank you for visiting the City of Temecula's Senior Citizen Center, also known as the Mary Phillips Senior Center. Our friendly staff welcomes you to our programs, activities, and services. Please feel free to tour our facility as we have a wide range of programs to offer. In this packet you will find the following:

- Information on the Transportation Program for qualified applicants.
- A code of conduct explaining our rules and regulations pertaining to the facility
- Information /application on the Nutrition Program sponsored by the Riverside County Office of Aging. *
- New Member Contact Form

If there is a specific need or service you are seeking, please don't hesitate to ask our staff for information and resources. Our City Staff are here for YOU!

Thank you, and we hope to see you soon!

Yvette Martinez

Community Services Supervisor
City of Temecula

41845 6th Steet
Temecula, CA 92590
Phone: 951-694-6464

Business Hours: Monday –Friday
8:00am-5:00pm



(For an application, please inquire within)

MPSC Transportation Program

Eligibility:

- Temecula resident living in the zip code area of 92089-92092, who are 60+ years, with no other means of transportation. (Please note that eligibility does not constitute a ride in the vehicle).
- Completed application with the MPSCs Supervisor's approval signature on file with the City of Temecula's Senior Center.
- Passenger must have a reservation to participate in the Senior Nutrition Program on the same day that they reserve a ride.

Sign Up:

- You must sign up for a round-trip ride, a minimum of a 24 hours in advance.
- You may sign up for rides up to two weeks in advance.
- Seating availability is limited and will be based on a first come first served basis.

Transportation Fee:

- Transportation fee for a Temecula resident is \$1.00; Non-resident fee is \$2.00.
- The Transportation Driver is not authorized to accept donations.

Pick Up:

- The MPSC Vehicle will depart from the Senior Center at 8:30am Monday through Friday and will arrive to pick you up at your designated time. You will be given an approximate pick-up time, which is determined according to your location, and logistically in coordination with the other passenger locations.
- Please note that your pick-up time may vary from day to day.
- In accordance with the policy, the Driver will continue on which his/her scheduled route if you are not present at your pick-up time.

MPSC Transportation Program

Departure:

- The MPSC Vehicle will depart from the Senior Center at 12:30pm Monday through Friday.
- If you are not at the designated departure site on time, you will be responsible for finding your own ride home. (City bus or taxi cab at your expense).
- You will always be dropped off where you were originally picked up, at your place of residency.

Cancellations:

- If you must cancel, please call the MPSC office at 951-694-6464, preferably 24 hours in advance.
- You must contact the Senior Nutrition Coordinator at 951-694-6465 to cancel your lunch reservation. Not notifying the Nutrition Coordinator may be grounds for discontinuing future participation in the MPSC Transportation Program.

Additional Rules:

- Seat belts must be properly worn at all times.
- No food or drinks are permitted in the passenger vehicle.
- The City of Temecula or the MPSC is not responsible for any items that are lost, stolen or missing in the vehicle.
- No additional stops will be made which are not on the schedule. Please DO NOT make special requests of the driver.
- The MPSC reserves the right to make changes to the schedule at any time. Rides may also be cancelled at any time.

Code of Conduct

The Mary Phillips Senior Center (MPSC) provides a safe place for recreational, social, wellness, educational, nutritional, and cultural programs and services to Temecula's residents and others. As a resource for such essential offerings, the Center welcomes *all* senior citizens.

As members or guests of the Center, individuals are expected to help the MPSC maintain a warm, positive, and safe environment. The MPSC Code of Conduct governs *all* who volunteer at or use the facility.

Patron Conduct

It is the policy of the Community Services Department that all groups and individuals adhere to the MPSC Code of Conduct when participating in programs, utilizing services, or otherwise using the facility. Pursuant to Municipal Code Section 12.04.250(N) ("Denial of Facility Use"), the City reserves the right to deny use of facilities or programs to individuals who violate the terms of this Code of Conduct. Such determinations will be made at the discretion of the Director of Community Services or designee.

Code of Conduct

The following behaviors are prohibited at the center:

- * Inappropriate behavior or language that disturbs staff, volunteers, or participants, including but not limited to
 - *Use of profane, obscene, or vulgar language, including racial slurs and sexually explicit language
 - *Harassment of staff, volunteers, or participants on the basis of race, gender, religion, age, or other criteria
 - *Vulgar or threatening gestures or facial expressions
 - *Threats, coercion, or intimidation
- *Overt demonstration of dissent toward staff or instructor decision(s) by using inappropriate or threatening language or gestures; physically striking, restraining, or otherwise attacking any individual; breaking, damaging, or throwing an object; or any other forceful action.
- *Physically threatening, impeding, or attacking staff, volunteers, or participants; including touching another person against his or her will.
- *Destruction of Senior Center materials, equipment, furniture, or grounds; including vandalism and littering.
- *Infractions against the Center's policies regarding loitering, sales, or solicitation.
- *Possession, use, or sale of alcohol or controlled substances; or intoxication with same.
- *Violation of any federal, state, county or City laws or ordinances.
- *Violation of smoking ordinances both inside and outside of the building.
- *Lying down or sleeping on furniture
- *Restrooms may not be used for bathing or washing clothing
- *Failure to maintain personal cleanliness and good hygiene
- *Inappropriate or revealing attire
- *Leave or store personal items/possessions at the center. **The MPSC is not responsible for lost or stolen property and reserves the right to dispose of abandoned items*
- *When in Library/Computer Lab all noise should be kept to a subdued level.*

Code of Conduct

Violations and Disciplinary Process

At the sole discretion of Center staff, a grievous violation of the Code of Conduct may result in immediate expulsion from the class/program/facility without verbal or written warning.

A.) Violations

- I. In case an incident arises that is not covered by Code of Conduct, the lead Supervisor will determine what action will be taken.
- II. Flagrant or repeated violations of the Code of Conduct will result in an extended suspension and probation or expulsion from the Department's activities or use of facilities.
- III. Any person ejected from an activity must leave the facility and its grounds immediately.

B.) Disciplinary Process

A. FIRST OFFENSE –VERBAL WARNING

Staff will:

- I. Meet with participant(s) to review Code of Conduct.
- II. Inform participant(s) of the violation(s) that occurred.
- III. . Make a record of the incident.
- IV. Advise the violator that continued inappropriate behavior may result in suspension from programs and/or the facility.

B. SECOND OFFENSE – WRITTEN WARNING

Staff will

- I. Provide written documentation of the violation.
- II. Make a record of the incident.
- III. Advise the violator that continued inappropriate behavior may result in suspension from programs and/or the facility.
- IV. If deemed appropriate by staff, suspend Participant(s).

C. THIRD OFFENSE – SUSPENSION

D. INCIDENTS OF IMMINENT DANGER

- I. Handle imminent danger to persons or property as a police matter.
- II. When appropriate call 911 to protect the safety of participants and staff at the Center.



Riverside County Office on Aging

Congregate Meals Intake Form



Name of Service Provider - SODEXO

TEMECULA

Please complete this form to the best of your ability.
Items marked with asterisk (*) are required.

Unique Participant ID: _____

Referred by: _____

Intake Date: _____

Staff: _____

Beginning Date: _____

*Termination Date: _____

*Reason: _____

Eligibility:

- Age 60+
- Spouse of ENP Participant
- Disabled person residing where the congregate site is located
- Disabled person who resides with and accompanies an ENP participant
- Volunteer

*First Name: _____

*Last Name _____

MI: _____

*Date of Birth: / /

*Home Address: _____

*City: _____

*County: _____

*Zip Code: _____

Mailing Address: Same As Residential? Yes

City: _____

County: _____

* Zip Code: _____

Best Contact Phone: () _____

Emergency Contact Name: _____

Alternate Phone: () _____

Phone: () _____

Relationship to you: _____

Veteran: Yes No
 Declined to State

***What is your approximate household income?**

\$ _____ per month year Declined to State

*Rural Area? Yes No

Declined to State

***Poverty Status: (calculate from household income)**

At or Below 100% of the Federal Poverty Level (FPL) Above 100% of the FPL Declined to State

*** What is your gender? (Check only one)**

Male Female Transgender Female to Male Transgender Male to Female
 Genderqueer/Gender Non-binary Not Listed, please specify: _____ Declined/not stated

*** What was your sex at birth? (Check only one)**

Male Female
 Declined/not stated

*** How do you describe your sexual orientation or sexual identity? (Check only one)**

Straight/Heterosexual Bisexual Gay/Lesbian/Same-Gender Loving
 Questioning/Unsure Not Listed, please specify: _____
 Declined/not stated

*Marital Status: Single (Never Married) Married Domestic Partnership Divorced Separated
 Widowed Since When: _____ Declined to State

*Ethnicity (Check One): Hispanic Yes No
 Decline to State

Language: English speaking Need interpreter
 Non-English/Language: _____

*Race: (Check One) White Black American Indian/Alaska Native
 Asian Indian Cambodian Chinese Filipino Japanese Korean Laotian Vietnamese
 Other Asian Guamanian Hawaiian Samoan Other Pacific Islander
 Multiple Race Other Race _____ Declined to State

***Living Arrangement:**

Live Alone Do Not Live Alone Decline to State # of Household Members

Receiving IHSS Services? Yes No Declined to State

If yes, number of IHSS hours receiving? _____ Weekly _____ Monthly Declined to State

Read the statements below. Circle the number in the "yes" column for those that apply to you or someone you know. For each "yes" answer, score the number in the box. Total your nutritional score.

*Determine your Nutritional Health: (for each item, circle the number in the appropriate column)	Yes
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the past 6 months.	2
I am not always physically able to shop, cook and/or feed yourself.	2
<i>(High Nutritional Risk = 6 or more points)</i>	Total Points:
Declined to State <input type="checkbox"/>	

Notes:

General Assessment:	Answer	Comments
1. Does the oven and/or microwave work?		
2. Does the refrigerator keep food \leq 40 degrees?		
3. Does the freezer keep food \leq 10 degrees?		
4. Does the client appear confused and/or forgetful?		
5. Can the client open their own milk cartons/containers?		
6. Are there any other physical or mental impairment noted?		
7. Are there pets living with Client?		
8. Was the Client recently discharged from the hospital?		

I understand that the information I am providing on this form is for registration purposes. I understand it will be kept confidential and that the Area Agency on Aging and service providers may use it to help identify other services for which I may qualify.

Signature of participant or person completing the form

Date

Contact Form/Liability Waiver

Name (First, Last): _____	
Address: _____	
City/State/Zip Code: _____	
Home Phone: _____	Cell Phone: _____
E-mail Address: _____	
Date of Birth: _____	Male / Female (circle): _____
Emergency Contact Name: _____	
Emergency Contact Phone: _____	
Health concerns (allergies, diabetes, heart problems, etc.): _____ _____	

S.I.T.S. Program – Seniors In Touch with Temecula Seniors

Do you want to be put on our call list? YES or NO _____	
Best day to call: M T W TH F _____	Best time to call: AM / PM _____
<p>LIABILITY WAIVER: I realize every precaution is taken to eliminate any injuries or hazards, and a competent supervisor is present; however, in the event of any injury, I hereby waive, release and hold harmless from any liability for damages for personal injury including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the supervisor, the City Of Temecula, its officers, agents, employees and volunteers. In case of accident or other emergency, personnel of the Community Services Department and/or its agents are hereby authorized to secure medical care deemed necessary as a result of accident or injury for the participant. I further agree to pay any and all costs incurred as a result of said treatment.</p> <p>I further permit the use of activity/event photography and/or video promotion.</p> <p>Signature: _____ Date: _____</p>	

By signing this, I hereby acknowledge that I have read, understand, and will abide by the Activity Code of Conduct.

Print Participant Name Date

Participant Signature Date



