To: Meals on Wheels Clients  
From: Nancy Niehus, Director of Community Services  
Re: BE PREPARED FOR WINTER  
Date: November 2018  

It is time to prepare for winter again. With winter comes snowy weather and poor driving conditions that may prevent you or someone who shops for you from getting to the store. In addition, there will be holidays and weather-related closures when hot meals will not be delivered at lunch time. We want you to plan ahead and be prepared.

It is recommended you keep an emergency supply of 3 days food on your cupboard shelf to use for emergencies or when meals are not delivered. Be sure to include a manual can opener or cans with a pull top, and food that may be eaten without heating if the power is off. If you are unable to obtain some food for an emergency or days when the Council on Aging is closed, please fill out the enclosed form and return it with your driver.

Suggested food to store for emergency needs:

- Ready-to-eat canned soups or meats such as chicken, tuna, salmon or beef stew
- Canned or packaged cups of fruits, vegetables and pudding
- Dry cereal, granola and crackers
- Peanut butter
- Dried fruit and nuts
- Non-perishable pasteurized milk or packaged juices
- Meal replacement bars or beverages
- Bottled water

To help with your planning, the Lake County Council on Aging and the five nutrition sites that deliver the Meals on Wheels will be closed the following weekdays this winter (these dates are noted on your monthly menus also):

- Tuesday, December 25 (Christmas)
- Tuesday, January 1 (New Year’s Day)
- Monday, January 21 (Martin Luther King Jr. Day)
- Monday, February 18 (President’s Day)

Please call your Meals on Wheels kitchen or Nancy at the Lake County Council on Aging at (440) 205-8111 if you have any questions.
REQUEST FOR ASSISTANCE IN OBTAINING
NON-PERISHABLE FOOD FOR WINTER EMERGENCIES

Please fill in the information below and return this form to your Meals on Wheels driver if you cannot obtain emergency food to store for a weather-related emergency or Meals on Wheels program closure and you would like to be provided a "Blizzard Bag". Please print clearly.

Name__________________________________________________________

Address______________________________________________________

City__________________________________________________________

Telephone number_____________________________________________

______________________________________________________________

Council on Aging use below:

Nutrition Site____________________________________ Route #________

Date delivered__________________________________________ By__________