The Aging Network

**Federal Level**
Administration for Community Living
Administration on Aging
Washington, DC

**State Level**
Division of Aging and Adult Services
Example: North Carolina

**Regional Level**
Area Agencies on Aging
Example: Region L

**County Level**
Example: Halifax Co Council on Aging

- Congregate Nutrition Program
- Home Delivered Meals Program
North Carolina Division of Aging and Adult Services

Background

Established by State law in 1977 (N.C.G.S. 14313-181.1) as the Division of Aging and Adult Services, it has been the organization within the NC Department of Health and Human Services, responsible for planning, administering, coordinating, and evaluating the activities developed under the federal Older Americans Act and the programs for older adults funded by the NC General Assembly. As the designated State Unit on Aging, required by the federal Older Americans Act P. L. 106-501), the Division is the state’s foremost leader in identifying and responding to the aging of our population. In 2003, the Division also assumed responsibility for overseeing social services and some benefits programs for older and disabled adults and their families as provided by the state’s 100 county departments of social services. This expansion of the Division’s role is now reflected in its new name—Division of Aging and Adult Services.

Mission

To promote independence and enhance the dignity of North Carolina’s older and disabled persons and their families and ready younger generations to enjoy their later years. Through partnering with Area Agencies on Aging, County Departments of Social Services, County Departments and Councils on Aging, other local services and programs for older and disabled adults, senior leaders, and other public and private interests—the Division plans, administers, coordinates, and evaluates a community-based system of opportunities, services, benefits, and protections to advance the social, health, and economic well-being of older and disabled North Carolinians.

Vision

The Division of Aging and Adult Services will be North Carolina’s foremost leader in identifying and responding to the increasing challenges and opportunities presented by our rapidly expanding aging society and the challenges of persons with disabilities. We will achieve these goals through effective public policies and programs developed in cooperation with others across state departments, within the Department of Health and Human Services, and outside of government. The Division will act as a catalyst to empower consumers in support of enhancing personal responsibility and to promote the effective use of all resources for the well-being of older and disabled adults and their families.

Policy Goals

1. Expand in-home and community services and benefits for older and disabled adults
2. Increase support for family caregivers, including those caring for persons with Alzheimer’s Disease and other dementia
3. Support aging-in-place through well coordinated community-based services
4. Assure an adequately trained workforce to provide services
5. Involve older and disabled adults and their families in meaningful public policymaking
6. Establish an integrated state, regional, and county planning process for long-term-care
7. Improve the quality of aging and adult services and programs, including senior centers
8. Increase volunteer and employment opportunities for older and disabled adults
9. Enhance quality of care and quality of life of residents of long-term care facilities
10. Collaborate with public and private agencies and organizations to enhance the health and wellness of older and disabled adults and their family caregivers
11. Develop a system for comprehensive and timely information and assistance
12. Protect older and disabled adults from mistreatment and advocate for their rights and well-being
Role of Area Agencies on Aging (AAA)

Area Agencies on Aging are offices established through the Older Americans Act that serve to facilitate and support the development of programs to address the needs of older adults in a defined geographic region and support investment in their talents and interests. In North Carolina, AAAs are located within regional Councils of Government. These AAAs have functions in five basic areas:

- advocacy
- planning
- program and resource development
- information brokerage
- funds administration and quality assurance
Elderly Nutrition Program

INTRODUCTION
With the aging of the U.S. population, increased attention is being given to delivering health and related services to older persons in the community. Since adequate nutrition is critical to health, functioning, and the quality of life, it is an important component of home and community-based services for older people.

ELDERLY NUTRITION PROGRAM
The Administration on Aging’s (AoA) Elderly Nutrition Program provides grants to support nutrition services to older people throughout the country. The Elderly Nutrition Program, authorized under Title III, Grants for State and Community Programs on Aging, and Title VI, Grants for Native Americans, under the Older Americans Act, is intended to improve the dietary intakes of participants and to offer participants opportunities to form new friendships and to create informal support networks. The legislative intent is to make community-based services available to older adults who may be at risk of losing their independence.

The Elderly Nutrition Program provides for congregate and home-delivered meals. These meals and other nutrition services are provided in a variety of group settings, such as senior centers, faith-based settings, schools, as well as in the homes of homebound older adults. Meals served under the program must provide at least one-third of the recommended dietary allowances established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, as well as the Dietary Guidelines for Americans, issued by the Secretaries of Departments of Health and Human Services and Agriculture. In practice, the Elderly Nutrition Program’s 3 million elderly participants are receiving an estimated 40 to 50 percent of required nutrients from meals provided by the Program.

The Elderly Nutrition Program also provides a range of related services through the aging network’s estimated 4,000 nutrition service providers. Programs such as nutrition screening, assessment, education and counseling are available to help older participants meet their health and nutrition needs. These also include special health assessments for such diseases as hypertension and diabetes.

Through additional services, older participants learn to shop, plan, and prepare nutritious meals that are economical and enhance their health and well-being. The congregate meal programs provide older people with positive social contacts with other seniors at the group meal sites.

Volunteers and paid staff who deliver meals to homebound older persons often spend some time with the elderly, helping to decrease their feelings of isolation. These volunteers and paid staff also to check on the welfare of the homebound elderly and are encouraged to report any health or other problems that they may note during their visits.
In addition to providing nutrition and nutrition-related services, the Elderly Nutrition Program provides an important link to other needed supportive in-home and community-based services such as homemaker-home health aide services, transportation, physical activity programs, and even home repair and home modification programs.

ELIGIBILITY
Under Title III, Grants to State and Community Programs on Aging, a person must be 60 years of age to be eligible. While there is no means test for participation in the Elderly Nutrition Program, services are targeted to older people with the greatest economic or social need, with special attention given to low-income minorities and rural older people.

In addition to focusing on low-income and other older persons at risk of losing their independence, the following individuals may receive service including:

- A spouse of any age;
- Disabled persons under age 60 who reside in housing facilities occupied primarily by the elderly where congregate meals are served;
- Disabled persons who reside at home and accompany older persons to meals; and
- Nutrition service volunteers.

Since American Indians, Alaskan Natives, and Native Hawaiians tend to have lower life expectancies and higher rates of illness at younger ages, Tribal Organizations, funded under Title VI, Grants for Native Americans, are given the option of setting the age at which older people can participate in the program.

In 2003, the Administration on Aging funded Pilot Study: First National Survey of Older Americans Act Title III Service Recipients which showed that services provided by the Departments of Health and Human Services and Agriculture. In practice, the Elderly Nutrition Program’s 3 million elderly participants are receiving an estimated 40 to 50 percent of required nutrients from meals provided by the.

NATIONAL AGING SERVICES NETWORK
ARE:

- Highly rated by recipients;
- Effectively targeted to vulnerable populations;
- And provide assistance to individuals and caregivers, which is instrumental in allowing older persons to maintain their independence and avoid premature nursing home placement.

THIS STUDY ALSO FOUND THAT HOME-DELIVERED NUTRITION SERVICES ARE:

- Effectively targeted to vulnerable populations, the majority of whom either lived alone, or were poor or near poor, were over 75 years old and/or had difficulty with activities of daily living (ADLs) – such as eating, dressing or walking;
- Successfully targeted to the socially isolated, about one-half reported that they would like to do more with respect to their social activities. This rate is more than twice the rate for the general older population;
- And high quality and reliable in the perception of the service recipient
MEALS ARE PROVIDED TO INDIVIDUALS WHO NEED THEM MOST:

- 73% were at high nutritional risk; 25% were at moderate risk.
- 62% received one half or more of their daily food intake from their home delivered meal.
- 25% reported they did not always have enough money or food stamps to buy food.

For more information about ACL
U.S. Department of Health and Human Services, Administration for Community Living, Washington DC 20201
Phone: (202) 619 – 0724
Fax: (202) 357 – 3555
Email: ACLinfo@acl.hhs.gov
Web: http://www.aoa.gov
Nutrition Requirements set forth by Title III-C, Section 339 of the Older Americans Act

A State that establishes and operates a nutrition project under this chapter shall—

(1) solicit the expertise of a dietitian in the planning of nutritional services
(2) ensure that the project—

(A) provides meals that—

(i) comply with the most recent Dietary Guidelines for Americans

(ii) provide to each participating older individual—

(I) a minimum of 33 1/3 percent of the dietary reference intakes
(II) a minimum of 66 2/3 percent of the allowances if the project provides two meals per day, and

(III) 100 percent of the allowances if the project provides three meals per day, and

(iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants,

(B) provides flexibility to local nutrition providers in designing meals that are appealing to program participants

(C) encourages providers to enter into contracts that limit the amount of time meals must spend in transit before they are consumed

(D) where feasible, encourages arrangements with schools and other facilities serving meals to children in order to promote intergenerational meal programs

(E) provides that meals, other than in-home meals, are provided in settings in as close proximity to the majority of eligible older individuals’ residences as feasible

(F) comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual

(G) ensures that meal providers solicit the advice and expertise of—

dietitians, meal participants, and other individuals knowledgeable with regard to the needs of older individuals

(H) offer a meal to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside at home with eligible older individuals

(I) ensures that nutrition services will be available to older individuals and to their spouses, and may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided

(J) provides for nutrition screening and nutrition education, and nutrition assessment and counseling

(K) encourages individuals who distribute nutrition services to provide, to homebound older individuals, available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, and shingles, in the individuals' communities.
SAMPLE FORM

ASSESSMENT (REASSESSMENT) FOR HOME-DELIVERED MEALS

If applicable, referred by: _____________________ Phone: ________________ Urgent? ___

Name __________________________________________

ID# ___________ Date of birth ___________ Phone # ______________________

Street address __________________________________

Directions to home ________________________________________

Mailing address __________________________________________

1. Applicant lives alone? yes ___ no ___ If not, with whom? ______________________

2. Applicant has a caregiver? yes ___ no ___ If yes, relationship ___________________

3. Is applicant able to prepare any food at all? ________________________________

4. Availability of family/other support system to prepare lunch ______________________

5. Home Care Aide? yes ___ no ___ If yes, # hours per day or week ___________

6. Home Care Service Plan includes meal preparation? yes ___ no ___

   If yes, which meals? _________________________________________________


8. Need for special diet? _________________________________________________

9. Applicant can drive? yes ___ no ___ If yes, has access to a car? yes ___ no ___

10. Applicant is homebound due to _________________________________

11. Eligible/Eligible under Special Eligibility/Ineligible/Waiting List [circle one] for
    the following reasons:

   _________________________________________________________________

Assessed by ______________________ Title ______________________ Date __________

Comments _____________________________________________________________

(over for reassessments)
REASSESSMENTS

Client continues to have dietary needs that can be met through the meals offered.

Client continues to meet basic eligibility criteria: has no one physically or mentally able to obtain food or prepare meals, has no responsible person able or willing to perform this service, and is unable to participate in a congregate program.

Client does not meet ineligibility criteria: is not a resident of a long-term care facility in which meals are provided through another public funding source and is not a participant of an adult day services program on the days when home-delivered meals are received.

Documentation is on file that special eligibility clients continue to meet one or more of the special eligibility criteria.

Continue/terminate [circle one] for the following reasons:

_________________________  Title  ________________  Date  ________________
Reassessed by

Comments

Continue/terminate [circle one] for the following reasons:

_________________________  Title  ________________  Date  ________________
Reassessed by

Comments

Continue/terminate [circle one] for the following reasons:

_________________________  Title  ________________  Date  ________________
Reassessed by

Comments

Continue/terminate [circle one] for the following reasons:

_________________________  Title  ________________  Date  ________________
Reassessed by

Comments
<SAMPLE FORM>

ASSESSMENT FOR WEEKEND OR OTHER MEALS
[INCLUDING FROZEN OR SHELF-STABLE MEALS]

Name

ID# Date of Birth Phone #

Address

1. Current arrangements for obtaining meals on weekends

2. Current arrangements for obtaining meals during inclement weather

3. Availability of family/other support systems

4. Adequacy of refrigerator/freezer

5. Adequacy of oven/microwave

6. Ability to use oven/microwave

7. Need for special diet

8. Approve/Continue/Terminate service for the following reasons:

Assessed by Title Date

Comments


North Carolina Department of Health and Human Services
Division of Aging and Adult Services

Michael P. Easley, Governor
Carmen Hooker Odom, Secretary

Karen E. Gottovi
Director

DAAS Administrative Letter No. 05-13

To: Area Agency on Aging Directors
   Nutrition Service Providers

Subject: Home Delivered Meal Clients Reassessment Revision

Date: November 29, 2005

This memorandum is to serve as notification of the revision of the home delivered meal participant reassessments requirement under the NC Division of Aging and Adult Nutrition Service Standards. In an effort to address increasing energy costs, reassessments of home-delivered meal clients may be conducted via telephone rather than a mandatory in-home visit if the agency determines that the client's condition and their circumstances are stable. Below is the assessment revision with applicable definitions of terms. When in doubt the agency should contact their Area Agency on Aging or the DAAS for guidance.

Effective immediately:

An initial written assessment must be conducted in the home of the home-delivered meal client. A reassessment must be documented at least every 6 months thereafter unless the client is receiving services under temporary status. The agency is not required to but may reassess home-delivered meal clients who meet the following criteria by documenting a telephone reassessment during every other 6-month review so long as an in-home reassessment is conducted every 12 months:

• Client is medically stable.
• Client has a caregiver or a stable source of social support involved with the client's nutritional health when the nutrition program is not in operation.

Clients who do not meet these criteria must be reassessed in the home every 6 months to assure that they continue to be eligible for home-delivered meals and have dietary needs that can be met by the program.
Definition of Terms

"Medically Stable" means physical or mental adaptation to previously recognized health problems with effective maintenance by diet, medication, routine physical exercise, other therapies, or a combination of these remedies.

"Medically Unstable" means a recent acute illness or complications of a chronic condition that are not physically or mentally controlled by diet, medication or physical exercise or other therapies, and which require frequent monitoring and testing by skilled professionals.

Please feel free to contact Audrey Edmisten, DAAS Nutrition Program Consultant, at 919-733-0440 if you have questions/concerns.

Sincerely,

Karen Gottov
Division of Aging and Adult Services, Director

CC: DAAS Staff
BRUNSWICK SENIOR RESOURCE, INC.
Home Delivered Meals
Telephone Reassessment Procedure

In accordance with DAAS policy revision of home delivered meal clients reassessment requirements, BSRI home-delivered clients are reassessed in one of two ways:

1) A written in-home reassessment is conducted every 6 months (except for people on temporary home-delivered meal status) with an updated Client Registration Form (CRF).

OR-

2) a. A telephone reassessment is conducted every other 6-month review so long as an in-home reassessment is conducted every 12 month period with the following client criteria strictly followed:

- Client must be medically stable*.
- Client has a caregiver of a stable source of social support involved with the client's nutritional health when the nutrition program is not in operation.

b. Both criteria stated above must be met in order for the telephone reassessment to be accepted. Should the BSRI representative discover during the course of conducting the telephone reassessment that the client is medically unstable*, the representative must abandon that process and conduct an in-home reassessment immediately.

c. When choosing the telephone reassessment option:
- Reassessment must document that the client is medically stable at the in-home reassessment 6 months prior to the telephone reassessment.
- The reassessment must be documented as a "TR" (telephone reassessment).
- The four pages DOA 101 (Long Form) must be fully reviewed and completed during a "TR" reassessment, which is also reviewed with the homebound client every 6 months.
- "TR" and date must be marked on page 4 (Provider Use Only section) of the DOA 101 Long Form (Client Registration Form) following the BSRI representative’s initial. A new DOA 101 Long Form must be completed after the third update was completed and indicated on page 4 of the CRF in the “Provider Use Only” section.

A Telephone Reassessment (TR) and definition sheet are attached to this procedure for use in conducting option number 2.

Definitions:

* Medically Stable: physical or mental adaptation to previously recognized health problems with effective maintenance by diet, medication, routine physical exercise, other therapies, or a combination of these remedies.

* Medically Unstable: recent acute illness or complication of a chronic condition that are not physically or mentally controlled by diet, medication or physical exercise or other therapies, and which require frequent monitoring and testing by skilled professionals.
Nutrition: How do you obtain food?
- You need assistance with obtaining food? [Y] [N]
- Can you cook your food? [Y] [N]

MOW Intake: Call Client: [Y] [N]
- 60 years or older

Difficulty preparing meals

Impairments: Can't attend nutrition sites

Homebound (Except for medical appointments) due to physical/mental conditions

No one in the home able to prepare meals; family, paid person/sitter or other agency

Lives in city limits

Lives in county (Frozen meals needs to be picked up)

Medical Information
Physician:
Address:
Phone #:
Diagnosis:

Action Taken:

AP Intake
- T mailed: [Received]
- SRF/LOC mailed: [Received]

Referral for PCS: [Y] [N] Date mailed:
- e-CAP:
- Assigned CM:
- NCTracks:
- Contacted DSS:

VCS Intake
- Date of Assessment:
- Assessment Performed by:
Does Client Smoke? [Y] [N]
Does Client have pets? [Y] [N]
Who is currently helping the person complete the service?

Client Requested Needs (Circle all that apply):
- Respite
- Transportation
- Telephone Assurance
- Friendly Visits
- Peer Support Specialist
- Minor Home Repairs
- Wheel Chair Ramp: [Metal] [Wooden]
- Can assist financially: [Y] [N]
- Lawn Care: Riding mower needed: [Y] [N]
- Owns mower: [Y] [N]
- Ambulation: Independent
- Needs Assistance
- Care Walker
- Wheelchair
- Oxygen

Prioritization:
- Terminal/Hospice referral
- APS referral
- Critical:

HCCBG Intake
- Computer Input Date:
- Given to TJ:
### Applicant’s Contact Information:
- **Name:**
- **Address:**
- **City/ST/Zip:**
- **Phone:**
- **Email:**
- **Church affiliation:**
- **May we contact the pastor on your behalf?** _Y_ _N_

### Emergency Contact:
- **Name:**
- **Phone:**
- **Address:**
- **City/St/Zip**

### Primary Reason for Call:

### Notes:

### Insurance:
- **SHIP referral:** _Y_ _N_
- **Medicaid #:**
- **Medicare:** _Y_ _N_
- **Private:**
- **LTCH:** _Y_ _N_
- **Are you able to afford your medications?** _Y_ _N_
- **RX assistance referral:** _Y_ _N_

### Military Hist:
- **Did you or your spouse serve in the military?** _Y_ _N_ _Spouse_
- **Branch:**
- **Dates of Service:**
- **Type of Discharge:** _Honorable_ _General_ _Dishonorable_
- **Do you have your discharge papers (DD-214)?** _Y_ _N_
- **Do you receive a check from the VA?** _Y_ _N_ _Amount?_
- **Are you currently receiving Aide & Attendees benefits?** _Y_ _N_

### Transportation:
- **How do you get to your appointments & activities?**
  - RCATS
  - SKATS
  - Family Member/Friend
  - Private Transportation Agency
- **RCATS referral:** _Y_ _N_
SAMPLE – YOUR NUTRITION SITE MIGHT NEED DIFFERENT AGREEMENTS

[letterhead]

Agreement to Serve as the Nutrition Site’s Designated Representative for Accepting Food Delivery

Nutrition Service Provider ____________________________

Address ____________________________ Phone ______

Designated Representative for Food Delivery ____________________________

Address ____________________________ Phone ______

Location where meals will be delivered ____________________________

Expected time of food delivery ____________________________

Person to contact if problems are noted during delivery:

Name ____________________________ Phone ______

Tasks for accepting congregate food delivery:
- Record arrival time on delivery ticket
- Take and record temperature of each food item except for bread products, crackers, cake, fresh fruit, and fruit cobblers.
- Sign form and place in designated file.
- Ensure that food trays are placed in warming ovens on temperature control.

Tasks for receiving pre-plated home-delivered meals in insulated carriers:
- Record arrival time on delivery ticket.
- Ensure that carriers are in a secure environment until pick-up by volunteers.
- Place delivery tickets in pre-addressed envelopes and mail to Council on Aging by the last day of the month.

Signature ____________________________ Date ______

Agency Signature ____________________________ Date ______

The Council on Aging sincerely appreciates your contributions to the nutrition program.
Nutrition Program Satisfaction Survey - April 2013

Please take a few minutes to answer these questions. It is not necessary to sign your name. Return the survey to the basket in the dining room or to the front desk. We use your comments to improve the program. Thank you.

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Options</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you get enough food during lunch time at the Center?</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Overall, how does the food taste?</td>
<td>Too spicy □ Just right □ Too bland □</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Do you need special eating utensils to help you eat your meal?</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Are hot foods served hot enough?</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Are cold foods served cold enough?</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>What are your favorite foods on the menu?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>In the area of nutrition education, what would you like to read about in the Center’s newsletter or have a program on?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Would you recommend this lunch program to a friend?</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Why do you come to the nutrition site? (check all that apply)</td>
<td>Food □ Fellowship □ Activities □</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Overall, how would you rate the lunch program?</td>
<td>Excellent □ Very Good □ Good □ Fair □ Poor □</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Overall, how would you rate your experience at the Leon Mann Center?</td>
<td>Excellent □ Very Good □ Good □ Fair □ Poor □</td>
<td></td>
</tr>
</tbody>
</table>

Please give us suggestions for improvement:
What does it certify when a licensed dietitian/nutritionist signs each page of the menu?

The signature of a licensed dietitian/nutritionist must be on each page of an approved menu for meals reimbursed under the Home and Community Care Block Grant (HCCBG) or the Nutrition Services Incentive Program. The signature certifies that the following requirements have been met (p. 13 of the Nutrition Service Standards):

- Menus follow the Dietary Guidelines for Americans.

- Menus provide the recommended dietary allowances: 1/3 RDA for 1 meal, 2/3 RDA for 2 meals, and 100% RDA for 3 meals per day.

- Menus are adjusted to meet the special dietary needs of participants to the maximum extent feasible.

- Each meal provides at least 700 calories.

- Sodium content does not exceed 1,300 mg per meal.

- Nutrient analysis
  - All foods are identified on the menu in order to calculate nutrient value. All prepared or breaded meat items or meat in combination are specified. The form of vegetable or fruit (fresh, frozen, dried, or canned) on a menu is specified.
  - Recipes are provided to facilitate nutrient analysis. When recipe ingredients change, the recipe is resubmitted for approval by the dietitian/nutritionist.

- Menus are written for a period of at least 20 days and submitted to the dietitian/nutritionist for nutrient analysis and approval at least 2 weeks in advance of the meals being served.

- Menus follow the menu pattern requirements
  - Meat/meat alternative – no less than 21 grams.
  - Bread/grains – 2 servings of whole grain or enriched grain products.
  - Vegetables/fruits – 2 servings – juice may fulfill no more than half of this requirement for any one meal – vitamin C-rich foods must be served at least twice per week.
  - Fats – not more than 30% of the total calories per meal – gravies, salad dressings, mayonnaise, margarine, or butter must be specified.
  - Dairy – no less than 400 mg of calcium from combined menu items.

- Menus are changed at least two times per year.
<table>
<thead>
<tr>
<th>MONTH, DATE, DAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAIN ENTREE</td>
<td>Roast Turkey w/gravy 3 oz</td>
<td>Swedish Meatballs (3) 1 oz w/Gravy</td>
<td>Hamburger (2 oz.)</td>
<td>Orange Glazed Chicken (3 oz.)</td>
<td>Baked Ham</td>
</tr>
<tr>
<td>PROTEIN SOURCE 2 OZ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>VEGETABLES AND FRUITS</td>
<td>Chopped Broccoli</td>
<td>Lima Beans</td>
<td>Lettuce/Tomato</td>
<td>Green Peas</td>
<td>Chopped Broccoli @</td>
</tr>
<tr>
<td>2, 1/2 CUP SERVINGS</td>
<td>Mashed Potatoes</td>
<td>Sliced Pineapple Salad</td>
<td>Cole slaw</td>
<td>Wild Rice</td>
<td></td>
</tr>
<tr>
<td>RICE AND COMPLEX CARBOHYDRATES 2 SERVINGS</td>
<td>White Dinner Roll</td>
<td>White Dinner Roll</td>
<td>Bun</td>
<td>White Dinner Roll</td>
<td>Sweet Potato Souffle @</td>
</tr>
<tr>
<td>AT</td>
<td>Fruit Cocktail</td>
<td>Rotini Noodles</td>
<td>Baked Beans</td>
<td></td>
<td>Yeast Roll</td>
</tr>
<tr>
<td>SWEET 1/2 CUP SERVING</td>
<td>Margarine</td>
<td>Margarine</td>
<td>Margarine</td>
<td>Margarine</td>
<td>Margarine</td>
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<tr>
<td>DESSERT</td>
<td>Sugar Cookies</td>
<td>Chocolate Cake</td>
<td>Applesauce</td>
<td>Sliced Peaches</td>
<td>Gingerbread</td>
</tr>
<tr>
<td>DAIRY OR CALCIUM 1/2 PINT</td>
<td>Skim Milk +</td>
<td>Skim Milk +</td>
<td>Skim Milk +</td>
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<td>Skim Milk +</td>
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<td>VEGETABLES</td>
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<td>SCHEMATICOUS</td>
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<td></td>
<td>Mustard/Ketchup/ Mayo</td>
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</tbody>
</table>

KEY: Calcium + Cold Vitamin C ___ Vitamin A @ Frozen * Dried # Appears in another Category *** Change ^ Holiday Meal H

County: Certification Dates to be used February 2001 - May 2001 Program Director Signature:

Certified By: [Signature] RD# 45289 Reviewed By: AAA Administrator

Menu 0155 Revised 4/01
<table>
<thead>
<tr>
<th>Date</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/24</td>
<td>2 oz. Pork Loin w/ Gravy</td>
<td>3 oz. Chef's Chicken (Leg Quarter)</td>
<td>2 oz. Salisbury Steak w/ Gravy, 2 oz. Meatloaf w/ Gravy (CAN)</td>
<td>2 oz. Herbed Baked Chicken</td>
<td>2 oz. Tuna Salad on Lettuce Bed</td>
</tr>
<tr>
<td>4/3, 5</td>
<td>1/2 c. Sweet Potato Casserole</td>
<td>1/2 c. Green beans</td>
<td>1/2 c. Collards</td>
<td>1/2 c. Broccoli w/ Cheese</td>
<td>1/2 c. Three Bean Salad</td>
</tr>
<tr>
<td>4/30</td>
<td>1/2 c. Peaches</td>
<td>1/2 c. Pineapple tidbits</td>
<td>6 oz. Calcium Fortified Orange Juice</td>
<td>1 Fresh Fruit</td>
<td>6 oz. Calcium Fortified Orange Juice</td>
</tr>
<tr>
<td>5/1</td>
<td>1/2 c. Succotash</td>
<td>1/2 c. Stuffing</td>
<td>1/2 c. Mashed Potatoes</td>
<td>1/2 c. Peas and Carrots</td>
<td>1/2 c. Macaroni Salad</td>
</tr>
<tr>
<td>5/2</td>
<td>1 Piece Cornbread</td>
<td>1 Slice Wheat Bread</td>
<td>1 Dinner Roll</td>
<td>1 Slice Wheat Bread</td>
<td>6 Saltine Crackers</td>
</tr>
<tr>
<td>5/7</td>
<td>2 Tbsp. Low Sodium Gravy</td>
<td>1 pat Margarine</td>
<td>2 Tbsp. Low Sodium Gravy</td>
<td>1 pat Margarine</td>
<td></td>
</tr>
<tr>
<td>5/4</td>
<td>1/2 c. Pudding</td>
<td>1/2 c. Fruit Crisp</td>
<td>1 piece Cake</td>
<td>2 Cookies</td>
<td></td>
</tr>
<tr>
<td>5/11</td>
<td>2% Milk</td>
<td>2% Milk</td>
<td>2% Milk</td>
<td>2% Milk</td>
<td>2% Milk</td>
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<tr>
<td>5/31</td>
<td>Vinegar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/4</td>
<td>759</td>
<td>898</td>
<td>746,767 (CAN)</td>
<td>710</td>
<td>780</td>
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<tr>
<td></td>
<td>21%</td>
<td>30%</td>
<td>30%,31% (CAN)</td>
<td>27%</td>
<td>29%</td>
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<tr>
<td></td>
<td>804</td>
<td>1137</td>
<td>856, 856 (CAN)</td>
<td>1268</td>
<td>1228</td>
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<tr>
<td></td>
<td>507</td>
<td>576</td>
<td>517, 521 (CAN)</td>
<td>524</td>
<td>652</td>
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<td>37</td>
<td>45</td>
<td>36, 36 (CAN)</td>
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<tr>
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<td>116</td>
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<td>106</td>
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<td>RD, LDN, MA, Date: 2/25/12</td>
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<tr>
<td>Approved By:</td>
<td>H. Harrell Date: 3/5/12</td>
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</table>
# Dietary Goal Analysis

**NC I MON**  
**RDA-MALE-51+ YEARS**  
**SENIOR CATERING**  
**Date: February 08, 1999**

## Macronutrients

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Your Intake</th>
<th>Goal Amount</th>
<th>Goal %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories</td>
<td>756.5 Cals</td>
<td>2300 Kc</td>
<td>33 %</td>
</tr>
<tr>
<td>Protein</td>
<td>35.07 Gm</td>
<td>63.0 Gm</td>
<td>56 %</td>
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<tr>
<td>Carbohydrate</td>
<td>97.15 Gm</td>
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</tr>
<tr>
<td>Fat</td>
<td>26.67 Gm</td>
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<tr>
<td>Saturated Fat</td>
<td>5.91 Gm</td>
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<tr>
<td>Mono Fat</td>
<td>2.843 Gm</td>
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<tr>
<td>Poly Fat</td>
<td>5.404 Gm</td>
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<tr>
<td>Other Fat</td>
<td>12.51 Gm</td>
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</tr>
<tr>
<td>Cholesterol</td>
<td></td>
<td>67.76 mg</td>
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<tr>
<td>Dietary Fiber</td>
<td></td>
<td>11.19 Gm</td>
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</tr>
<tr>
<td>Sugar</td>
<td></td>
<td>43.48 Gm</td>
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## Food Intake

<table>
<thead>
<tr>
<th>Code</th>
<th>Food Item</th>
<th>Intake</th>
<th>Amount</th>
<th>Day</th>
<th>Meal</th>
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</thead>
<tbody>
<tr>
<td>#7080</td>
<td>CHICKEN-PATTIE-TYSON</td>
<td>1.0</td>
<td>SERVING</td>
<td>Day 1</td>
<td>Lunch</td>
</tr>
<tr>
<td>#29341</td>
<td>SWEET POTATOES AND APPLES, SCI</td>
<td>1.0</td>
<td>SERVING</td>
<td>Day 1</td>
<td>Lunch</td>
</tr>
<tr>
<td>#29082</td>
<td>GREEN LIMA BEANS-SCI</td>
<td>1.0</td>
<td>SERVING</td>
<td>Day 1</td>
<td>Lunch</td>
</tr>
<tr>
<td>#361</td>
<td>BREAD-WHOLE WHEAT-FIRM-ENRICHED</td>
<td>1.0</td>
<td>SLICE</td>
<td>Day 1</td>
<td>Lunch</td>
</tr>
<tr>
<td></td>
<td>MILK-1% FAT-LOWFAT-FLUID</td>
<td>1.0</td>
<td>CUP</td>
<td>Day 1</td>
<td>Lunch</td>
</tr>
<tr>
<td>.012</td>
<td>PEARLS-CANNED-JUICE PACK</td>
<td>0.5</td>
<td>CUP</td>
<td>Day 1</td>
<td>Lunch</td>
</tr>
</tbody>
</table>

Protein: 18%  
Carbohydrate: 51%  
Fat: 31%

## Vitamins

<table>
<thead>
<tr>
<th>Vitamin</th>
<th>Your Intake</th>
<th>Goal Amount</th>
<th>Goal %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin A</td>
<td>735.2 RE</td>
<td>1000.0 RE</td>
<td>74 %</td>
</tr>
<tr>
<td>Thiamin B1</td>
<td>0.357 mg</td>
<td>1.2 mg</td>
<td>30 %</td>
</tr>
<tr>
<td>Riboflavin B2</td>
<td>0.683 mg</td>
<td>1.4 mg</td>
<td>49 %</td>
</tr>
<tr>
<td>Niacin B3</td>
<td>11.26 mg</td>
<td>15.0 mg</td>
<td>75 %</td>
</tr>
<tr>
<td>Pyridoxine B6</td>
<td>0.337 mg</td>
<td>2.0 mg</td>
<td>17 %</td>
</tr>
<tr>
<td>Folate</td>
<td>51.33 Ug</td>
<td>200.0 Ug</td>
<td>26 %</td>
</tr>
<tr>
<td>Riboflavin B12</td>
<td>0.905 Ug</td>
<td>2.0 Ug</td>
<td>45 %</td>
</tr>
<tr>
<td>Vitamin E</td>
<td>2.14 mg</td>
<td>- mg</td>
<td>- %</td>
</tr>
<tr>
<td>Vitamin C</td>
<td>6.4 Ug</td>
<td>1.0 Ug</td>
<td>640 %</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>28.86 mg</td>
<td>60.0 mg</td>
<td>48 %</td>
</tr>
<tr>
<td>Vitamin E</td>
<td>2.912 Ug</td>
<td>5.0 Ug</td>
<td>58 %</td>
</tr>
</tbody>
</table>

## Minerals

<table>
<thead>
<tr>
<th>Mineral</th>
<th>Your Intake</th>
<th>Goal Amount</th>
<th>Goal %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium</td>
<td>886 mg</td>
<td>1.0 mg</td>
<td>**** %</td>
</tr>
<tr>
<td>Potassium</td>
<td>1354 mg</td>
<td>1.0 mg</td>
<td>**** %</td>
</tr>
<tr>
<td>Iron</td>
<td>4.275 mg</td>
<td>10.0 mg</td>
<td>43 %</td>
</tr>
<tr>
<td>Calcium</td>
<td>387.3 mg</td>
<td>800.0 mg</td>
<td>48 %</td>
</tr>
<tr>
<td>Magnesium</td>
<td>105.8 mg</td>
<td>350.0 mg</td>
<td>30 %</td>
</tr>
<tr>
<td>Phosphorus</td>
<td>386.1 mg</td>
<td>800.0 mg</td>
<td>48 %</td>
</tr>
<tr>
<td>Zinc</td>
<td>2.089 mg</td>
<td>15.0 mg</td>
<td>14 %</td>
</tr>
<tr>
<td>Manganese</td>
<td>1.42 mg</td>
<td>1.0 mg</td>
<td>142 %</td>
</tr>
<tr>
<td>Selenium</td>
<td>0.037 mg</td>
<td>0.070 mg</td>
<td>53 %</td>
</tr>
<tr>
<td>Chromium</td>
<td>0.016 mg</td>
<td>1.000 mg</td>
<td>2 %</td>
</tr>
<tr>
<td>Iodine</td>
<td>- Ug</td>
<td>150.0 Ug</td>
<td>- %</td>
</tr>
</tbody>
</table>
MENU CHANGE FORM

Name of Caterer ___________________________ Date ______________

Type of Meal: Home Delivered___
Congregate Meals____

Place of Delivery__________________________

Menu Substitutions:
Name of Menu Item(s) Change To
Name of Menu Item(s) Approved on Menu

__________________________

__________________________

__________________________

__________________________

__________________________

Reason(s) for change in the menu:

__________________________

__________________________

__________________________

__________________________

Responsible person in Charge Date ______________

Signature of Certified Dietitian Date ______________
NUTRITIONAL SUPPLEMENT
AUTHORIZATION FORM

1. Name of nutritional supplement

2. Product amount that constitutes 1/3 RDA

3. Nutritional content of each unit - _______ #calories in each can/serving

4. Client's name

5. Why should the client receive nutritional supplements?

6. Amount of supplements to be given to the client:

7. Frequency of product and/or supplement:

8. Duration of the authorization: From _______ to _______
   (Not to exceed six months)

9. Physician's Name/Phone

______________________________  _______________________
Physician's Signature               Date

*All authorizations must be reassessed every six months.
Food Establishment Inspection Report

Establishment Name: ____________________
Location Address: ____________________
City: ____________________ State: North Carolina
Zip: ____________________ County: ____________________
Permittee: ____________________
Telephone: ____________________
O Inspection O Re-Inspection

Wastewater System:
O Municipal/Community O On-Site System

Water Supply:
O Municipal/Community O On-Site Supply

Foodborne Illness Risk Factors and Public Health Interventions
Risk factors: Contributing factors that increase the chance of developing foodborne illness.
Public Health Interventions: Control measures to prevent foodborne illness or injury.

Compliance Status

<table>
<thead>
<tr>
<th>Supervision</th>
<th>OUT</th>
<th>CDI</th>
<th>VR</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIC Present, Demonstration - Certification by accredited program &amp; performed duties</td>
<td>2</td>
<td>8</td>
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Employee Health

<table>
<thead>
<tr>
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<tbody>
<tr>
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Good Hygienic Practices

<table>
<thead>
<tr>
<th>IN/OUT</th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Management, employee knowledge, responsibilities &amp; reporting</td>
<td>2</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

Proper use of reporting, restriction & exclusion | 2 | 10 |

Preventing Contamination by Hands

<table>
<thead>
<tr>
<th>IN/OUT</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hands washed &amp; properly washed</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Authorized person with RTE foods or pre-approved alternate procedure properly followed | 2 | 15 |

Handwashing sinks supplied & accessible | 2 | 1 |

Approved Source

<table>
<thead>
<tr>
<th>Approved Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2053, 2055</td>
</tr>
</tbody>
</table>

Food obtained from approved source | 2 | 1 |

Food received at proper temperature | 2 | 1 |

Food in good condition, safe & un adulterated | 2 | 1 |

Preventively Hazardous Food Temperature

| IN/OUT | | |
|---------|---|
| Proper cooking time & temperatures | 2 |

Proper reheating procedures for hot holding | 2 |

Proper cooling time & temperatures | 2 |

Proper hot holding temperatures | 2 |

Proper cold holding temperatures | 2 |

Proper date marking & disposal | 2 |

Time as a public health control & procedures | 2 |

Protection from Contamination

| IN/OUT | | |
|---------|---|
| Food separated & protected | 3 |

Food-contact surfaces: cleaned & sanitized | 3 |

Proper disposition of returned, previously served, reconditioned & unsafe food | 2 |

Food Hygiene

| IN/OUT | | |
|---------|---|
| Compliance with variance, specialized process, reduced oxygen packaging criteria & HACCP plan | 2 |

Consumer Advisory

| IN/OUT | | |
|---------|---|
| Consumer advisory provided for raw or undercooked foods | 1 |

Highly Suspectable Populations

| IN/OUT | | |
|---------|---|
| Pasteurized foods used: prohibited foods not offered | 3 |

Chemical

| IN/OUT | | |
|---------|---|
| Food additives: approved & properly used | 3 |

FDA Establishment Type: ____________________

No. of Risk Factor/Intervention Violations: ____________________

No. of Repeat Risk Factor/Intervention Violations: ____________________

Compliance Status

<table>
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<tr>
<th>Safe Food and Water</th>
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<tbody>
<tr>
<td>2632, 2655, 2656</td>
</tr>
</tbody>
</table>

Pasteurized eggs used where required | 1.5 |

Water and ice from approved source | 2 |

Variance obtained for specialized processing methods | 1 |

Food Temperature Control

| IN/OUT | | |
|---------|---|
| Proper cooling methods used: adequate equipment for temperature control | 1 |

Plant food property cooled for hot holding | 1 |

Approved thawing methods used | 1 |

Thermometers provided & accurate | 1 |

Food Identification

| IN/OUT | | |
|---------|---|
| Food property labeled: original container | 2 |

Prevention of Food Contamination

| IN/OUT | | |
|---------|---|
| Insects & rodents not present; no unauthorized animals | 2 |

Contamination prevented during food preparation, storage & display | 2 |

Personal cleanliness | 1 |

Wiping clothes: properly used & stored | 1 |

Washing fruit & vegetables | 1 |

Proper Use of Utensils

| IN/OUT | | |
|---------|---|
| In-use utensils: properly stored | 1 |

Utensils, equipment & linens: properly stored, dried & handled | 1 |

Single-use & single-service articles: properly stored & used | 1 |

Gloves used properly | 1 |

Utensils and Equipment

| IN/OUT | | |
|---------|---|
| Equipment, food & non-food contact surfaces approved, Vegetables, properly designed, constructed & used | 2 |

Warming facilities: installed, maintained & used; test strips | 2 |

Non-food contact surfaces cleaned | 1 |

Physical Facilities

| IN/OUT | | |
|---------|---|
| Hot & cold water available: adequate pressure | 2 |

Plumbing installed: proper backflow devices | 2 |

Sewage & waste water properly disposed | 1 |

Toilet facilities: properly constructed, supplied & cleaned | 1 |

Garbage & refuse properly disposed: facilities maintained | 1 |

Physical facilities installed, maintained & clean | 1 |

TOTAL DEDUCTIONS:

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program
DHHS is an equal opportunity employer.
Page 1 of Food Establishment Inspection Report, 5/2019
# Comment Addendum to Food Establishment Report

<table>
<thead>
<tr>
<th>Establishment Name:</th>
<th>Establishment ID:</th>
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<table>
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<th>Location Address:</th>
<th>Date:</th>
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<th>Category#:</th>
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<table>
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<th>Wastewater System:</th>
<th>Inspection</th>
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<tbody>
<tr>
<td>Municipal/Community</td>
<td>Re-Inspection</td>
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<tr>
<td>On-Site System</td>
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<table>
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<th>Visit</th>
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<td>Verification</td>
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<td>On-Site Supply</td>
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<table>
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## Temperature Observations

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## Observations and Corrective Actions

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<tr>
<th>Item Number</th>
<th>Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.</th>
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North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program
DHHS is an equal opportunity employer.
Page ___ of ____ Food Establishment Inspection Report, 3/2013
Revisions Impacting Senior Nutrition Program

✓ New Inspection Form Format and Questions effective September 1, 2012
RULE CHANGE: No bonus points on inspection report for staff education

✓ Nutrition Program Directors food safety training requirement
Currently per DAAS: “Nutrition program directors must successfully complete within 12 months of employment at least 15 hours of instruction in food service sanitation” (pg 29 Nutrition Stds) will modify effective January 1, 2014 to coincide with new Rules “Certified Food Protection Manager” requirements. (NC Food Code Manual 2-102.12; page 26)

- the Nutrition Program Directors must successfully Pass an approved American National Standards Institute (ANSI) accredited program exam
  - effective January 1, 2014; following NC Food Code 2-102.12
  - Good for 5 years
  - On-line course training will be accepted.
  - Exams must be proctored and a passing score must be achieved to become certified.

  ▪ 3 exams are ANSI approved:
    • SERVSAFE® Food Protection Manager Certification
    • Prometric's Certified Professional Food Manager (CPFM)
    • National Registry of Food Safety Professionals

- ***not required for Congregate Nutrition Site Managers***

✓ Food handlers cannot touch ready to eat foods with bare hands
  - Use single-use gloves, serving utensils
  - **wrap fruit (apple pear, not banana, orange)
    - Plastic bag acceptable
  - Food handlers must not wear fingernail polish or artificial nails when working with exposed food unless single-use gloves are worn.
  - Food handlers may not wear jewelry on their arms and hands during food preparation or serving food
    - No bracelets
    - No watches
    - Medical identification around neck, not wrist
    - Plain wedding band ok

✓ Cold food holding temperature: 41°F.
  - This requirement will be phased in, effective January 1, 2019.
✓ Protect from Contamination - Drop off sites
   - must have someone on site responsible for meals

✓ Reheat food prepared in a food establishment or in a food processing plant
   - May receive food out of temp; just reheat immediately to 165 degrees (because food may be in the danger zone for 2 hours)
   - May prepare food in nutrition site that does not require cooking
     ▪ Cannot prepare food Potentially Hazardous Foods (PHF) prior to the day of service
     ▪ Cannot serve PHF prepared in a private home
     ▪ All food prepared or served at a CNS shall be consumed only on the premises
     ▪ Bulk leftover food cannot be cooled and served later
   - For example, canned foods, frozen foods, peanut butter sandwiches may be stored, prepared and serviced
   - This is an allowance to reheat for immediate service when there is an emergency such as natural disaster, rejected foods.
   - Note: Might not be reimbursable using HCCBG funding

✓ Date Marking
   - Ready to eat potentially hazardous foods prepared on site and held in refrigeration for more than 24 hours must be marked with date of preparation or with the date that indicates when food shall be consumed, sold, discarded.

✓ Employee Health Policy Agreement
   - Food service employees must report to manager when they are sick with an illness that is transmitted through food. DAAS is in the process of developing Employee Health Policy Agreement template with EHS by September, 2012

✓ Sanitizer
   - Bleach & water diluted to 50 ppm.
   - FYI – only bleach can kill norovirus (no quat, iodine
   - Test strips are required.
   - Label bottle.
     ▪ Must write “Sanitizer with Chlorine”
     ▪ Do not reuse container for something else I.E. do not reuse Windex bottle
Senior Nutrition Program Employee Health Policy Agreement

Reporting: Symptoms of Illness
I agree to report to the manager when I have:
1. Diarrhea and/or vomiting
2. Jaundice (yellowing of the skin and/or eyes)
3. Sore throat with fever
4. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

Reporting: Diagnosed Illnesses
I agree to report to the manager when I have:
1. Norovirus
2. Salmonella Typhi (typhoid fever)
3. Shigella spp. infection
4. E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection)
5. Hepatitis A
   Note: The manager must report to the Health Department when an employee has one of these illnesses.

Reporting: Exposure of Illness
I agree to report to the manager when I have been exposed to any of the illnesses listed above through:
1. An outbreak of Norovirus, typhoid fever, Shigella infection, E. coli infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.

Exclusion and Restriction from Work
If you have any of the symptoms or illnesses listed above, you may be excluded* or restricted** from work.
*If you are excluded from work you are not allowed to come to work.
**If you are restricted from work you are allowed to come to work, but your duties may be limited.

Returning to Work
If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting.

If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, Salmonella Typhii (typhoid fever), Shigella spp. infection, E. coli infection, and/or Hepatitis A, you may return to work after receiving 24 hours of antibiotic therapy; negative for Strep or determined by health professional without Strep.

Agreement
I understand that I must:
1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
2. Comply with work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, it may put my job at risk.

Food Employee Name (please print) __________________________________________
Signature of Employee __________________________________________ Date ______

Manager Name (please print) __________________________________________
These are some of the Bacterium and Viruses spread from Food Handlers to Food

**E. Coli**
Overview: A bacterium that can produce a deadly toxin and causes an estimated 70,000 cases of foodborne illnesses each year in the U.S.
Sources: Meat, especially undercooked or raw hamburger, produce and raw milk.
Incubation period: 2-10 days
Symptoms: Severe diarrhea, cramping, dehydration
Prevention: Cook implicated food to 155°F, wash hands properly and frequently, correctly wash rinse and sanitize food contact surfaces.

**Shigella**
Overview: Shigella is a bacterium that causes an estimated 450,000 cases of diarrhea illnesses each year. Poor hygiene causes Shigella to be easily passed from person to person.
Sources: Salad, milk, and dairy products, and unclean water.
Incubation period: 1-7 days
Symptoms: Diarrhea, stomach cramps, fever, chills and dehydration
Prevention: Wash hands properly and frequently, especially after using the restroom, wash vegetables thoroughly.

**Salmonella**
Overview: Salmonella is a bacterium responsible for millions of cases of foodborne illnesses a year. Elderly, infants and individuals with impaired immune systems are at risk to severe illness and death can occur if the person is not treated promptly with antibiotics.
Sources: raw and undercooked eggs, undercooked poultry and meat, dairy products, seafood, fruits and vegetables
Incubation period: 5-72 hours (up to 16 days has been documented for low doses)
Symptoms: Nausea, vomiting, cramps, and fever
Prevention: Cook all food to proper temperatures, chill food rapidly, and eliminate sources of cross contamination (i.e. proper meat storage, proper wash, rinse, and sanitize procedure)

**Hepatitis A**
Overview: Hepatitis A is a liver disease caused by the Hepatitis A virus. Hepatitis A can affect anyone. In the United States, Hepatitis A can occur in situations ranging from isolated cases of disease to widespread epidemics.
Incubation period: 15-50 days
Symptoms: Jaundice, nausea, diarrhea, fever, fatigue, loss of appetite, cramps
Prevention: Wash hands properly and frequently, especially after using the restroom.

**Norovirus**
Overview: This virus is the leading cause of diarrhea in the United States. Any food can be contaminated with norovirus if handled by someone who is infected with the virus. This virus is highly infectious.
Incubation period: 6-48 hours
Symptoms: Nausea, vomiting, diarrhea, and cramps
Prevention: Wash hands properly and frequently, especially after using the restroom: obtain food from a reputable food source: and wash vegetables thoroughly.

**Staph (Staphylococcus aureus)**
Overview: Staph food poisoning is a gastrointestinal illness. It is caused by eating foods contaminated with toxins produced by Staphylococcus aureus. Staph can be found on the skin, in the mouth, throat, and nose of many employees. The hands of employees can be contaminated by touching their nose, infected cuts or other body parts. Staph produces toxins that are extremely heat stable and are not inactivated by normal reheating temperatures. It is important that food contamination be minimized.
Incubation period: Staph toxins are fast acting, sometimes causing illness in as little as 30 minutes after eating contaminated foods, but symptoms usually develop within one to six hours.
Sources: Ready-to-eat foods touched by bare hands. Foods at highest risk of producing toxins are those that are made by hand and require no cooking.
Symptoms: Patients typically experience several of the following: nausea, vomiting, stomach cramps, and diarrhea. The illness lasts one day to three days. In a small minority of patients the illness may be more severe.
Prevention: No bare hand contact with ready-to-eat foods. Wash hands properly. Do not prepare food if you have a nose or eye infection. Do not prepare or serve food for others if you have wounds or skin infections on your hands or wrists. If food is to be stored longer than two hours, keep hot foods hot (over 135°F) and cold foods cold (41°F or under). Properly cool all foods.

September 2012
Calibrating Thermometers

You need to make sure your thermometer readings are accurate. Recalibrate thermometers regularly, after an extreme temperature change, or if the unit has been dropped. Thermometers may be calibrated by one of two methods – ice point method for cold foods, or boiling point method for hot foods.

Using the *ice point method* you submerge the sensor in a 50/50 ice and water slush. For a bi-metallic stemmed thermometer, wait until the needle stops, then use a small wrench to turn the calibration nut until the thermometer reads 32°F (0°C). For a thermocouple or digital thermometer, try a new battery or have the manufacturer or a repair service check the unit.

Using the *boiling point method* you submerge the sensor into boiling water. For a bi-metallic stemmed thermometer, wait until the needle stops, then use a small wrench to turn the calibration nut until the thermometer reads 212°F (100°C). Follow the same instructions for the thermocouple and digital thermometer that were used with the ice point method. You need to be very careful when using the boiling point method to avoid burns.

Using Food Thermometers

Use the following general procedures:
- Wash, rinse, sanitize, and air-dry thermometers before and after each use. A sanitizing mixture or fabric wipe for food-contact surfaces can be used.
- Do not let the sensing area touch the bottom or sides of food containers
- Insert the stem so that the sensing area is in the center of the food. Wait at least 15 seconds for the reading to steady and then record the reading.
- Use the unit to measure frozen, refrigerated, tepid, and hot foods and liquids. Never leave the thermometer in food that is being cooked by oven, microwave, or stove.

Ref.: SERVSAFE Serving Safe Food Certification Coursebook, 1995
# HOME DELIVERED MEALS - DAILY DELIVERY SHEET

Route ______________________ Log ______________________

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**Time Food Picked Up:**

**Time Of Return:**

**Volunteer Initials:**

CHECK HERE IF YOU HAVE COMMENTS/CONCERNS - USE REVERSE SIDE OF FORM

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<tr>
<th>Monthly Food-Temperature Check - Date</th>
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LOG/1droute (3/96)
### SENIOR MEALS

#### CENTRAL COMMISSARY

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### DESCRIPTION

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### COMMENTS

Baked chicken w/gravy  
Potatoes, peas, carrots  
Take to geriatric  
PREP. TIME: 7:30 A.M.  
SERVED TIME: 13:00  
ARRIVAL TIME: 7:55 A.M.  
RECEIVED BY: Person

# PANS OUT: 2  
# PANS IN:  

**DISTRIBUTION**  
WHITE - BATeman  
YELLOW - REMAIN AT SITE  
PINK - COA
ASSESSMENT OF FOOD SERVICE CONTRACTOR

FOOD SERVICE CONTRACTOR: ____________________________________________

ASSESSMENT AGENCY: ________________________________________________

AGENCY REPRESENTATIVE: _____________________________________________

ASSESSMENT DATE: ______________________________ FY: __________________ 

MONTHS OF: ______________________________ YEAR: ____________________

The Food Service Contractor meets the following:

a. All food is prepared in a Grade A kitchen. Date, numerical grade and letter grade of last inspection: ____________________________ Yes__ No__

b. There are no unlabeled, rusty, leaking or dented cans used for meal preparation. Yes__ No__

c. All meat and poultry is USDA inspected. Yes__ No__

d. All fresh raw fish has the PUEI shield (Packed under Federal Inspection). Yes__ No__

e. All food is from approved sources and in compliance with applicable state and local laws. Yes__ No__

f. Hot foods are maintained at least 140 F degrees during cooking and serving. Yes__ No__

g. Cold foods are maintained at 45 F degrees or below during all processing and serving. Yes__ No__

h. Safety and sanitation practices are followed according to "Rules Governing the Sanitation of Restaurants and other Food Handling Establishments" (15A NCAC 18A.2600) Yes__ No__

i. Food carriers are safe for food contact. Yes__ No__

j. End of preparation time is noted on delivery tickets and signed by food production manager. Yes__ No__

k. Food is packaged and transported in a protected manner. Yes__ No__

l. Any prepared meat items have a Certificate of Compliance from the manufacturer. Yes__ No__

m. Any textured vegetable protein (TVP) used is no more than 30% of meat mixture. Yes__ No__

n. Textured vegetable protein (TVP) is not used more than one time per week. Yes__ No__

o. All necessary condiments, supplies, and paper products are provided for the serving of the meat. Yes__ No__

Documentation verifying compliance: __________________________________

________________________________________

Comments: __________________________________________

________________________________________

Attach additional comments sheet if necessary.

8/03
A. General Information:

Date of Visit: ____________________________________________

Assessment Conducted By: __________________________________

Caterer Staff Present: _____________________________________

Period Beginning: ____________________ Period Ending: __________

B. Caterer:

Section 1: (to be reviewed yearly unless follow-up is necessary)

1. The following are on file with caterer:
   - Contract
   - Amendments
   - Regulations
   - Bid Specifications and Proposal

2. Additional sites are added or eliminated by mutual agreement between caterer and agency.

3. Licenses and permits are posted.

4. Caterer complies with all Federal, State and Local laws and regulations pertaining to wages and hours of employment and EEO.

Section 2:

1. Sanitary grade is posted in food preparation area;
   Grade: ___________ Date: ____________________

2. The caterer's most recent health inspection report is on file.
   - Correction action has been taken where necessary.

3. Refrigeration is adequate.

COMMENTS:
4. Freezer space is adequate.  

5. Standardized recipes are used.  

6. Cycle menus are:  
   a. used  
   b. posted  
   c. followed  

7. Meals meet menu specifications.  

8. Meals are delivered according to schedule.  

9. Meals are delivered daily to sites in food delivery trucks which are maintained in sanitary condition.  

10. Food is delivered insulated containers.  

11. Hot foods are delivered at what average temperature?  

12. Cold foods are delivered at what average temperature?  

13. Hot and cold foods are packaged separately.  

14. Has food been rejected if it does not meet specifications?  
   -IF YES, what corrective action was taken? (Describe)  

15. Caterer has provided condiments and paper goods to meal sites as indicated in contract.  

16. Caterer has billed the agency within 40 days for meals delivered.  

17. Signed receipts for food are on file with caterer.  

**COMMENTS:**
CATERER ASSESSMENT

18. Receipts indicate:  
a. quantity.  
  YES  NO  N/A
b. quality
  YES  NO  N/A
c. temperature
  YES  NO  N/A
d. completeness of meals
  YES  NO  N/A

19. Caterer is notified immediately when shortages or overages occur and the agency is billed appropriately.

20. Caterer is billed the costs of replacement meal, meals or parts thereof, plus expenses incurred by agency when caterer has failed to deliver all or part(s) of meals ordered.

21. Caterer maintains records of purchase of food, supplies and equipment related to the Title III-F nutrition program.

22. Holiday schedules are followed.

23. Alterations in holiday schedules are mutually agreed upon by caterer and agency.

24. Agency notifies caterer of its daily meal order by 5:00 p.m. prior to delivery date.

25. Menu changes are made only with the approval of the agency.

C. U.S. Department of Agriculture

1. Caterer has documentation for the purchase of USDA grown foods with USDA cash.

D. Commodity Foods: Quantity Control:

1. Food inventory card is being maintained, is up-to-date and is readily accessible.

2. USDA food on hand corresponds to balance shown on inventory card:  
a. butter
  YES  NO  N/A
b. cheddar cheese
  YES  NO  N/A
c. processed cheese
  YES  NO  N/A
d. dry milk
  YES  NO  N/A

COMMENTS:
E. Storage of Food:

1. Frozen food is stored at 0 degrees Fahrenheit or below. 
   \_

2. All perishables (including dairy products and meats) are stored at 45 degrees Fahrenheit or below. 
   \_

3. Opened refrigerated foods are covered. 
   \_

4. Foods stored in walk-in type refrigerators are off floor. 
   \_

5. Dry foods stored above floor. 
   \_

F. Safe Food Handling Practices:

1. Caterer provides sanitation instructions to employees. 
   \_

2. Caterer allows “NO SMOKING” in food preparation area. 
   \_

3. Employees use disposable plastic gloves in food preparation area. 
   \_

4. Hot cooked foods are cooled in shallow pans if they are to be stored and refrigerated. 
   \_

5. No dairy products, eggs or combination foods are allowed to stand at room temperature. 
   \_

6. All food is prepared and served in period not greater than 24 hours. 
   \_

7. Meat or poultry is not partially cooked one day and cooking completed the next day. 
   \_

8. Time interval between preparing and cooking of food is as short as possible. 
   \_

9. Food is panned no longer than ½ hour prior to shipping. 
   \_

10. Caterer daily sanitizes equipment sent to meal sites. 
    Describe sanitation methods. 
    

COMMENTS:
CATERER ASSESSMENT

Food Quality:

YES  NO  N/A

1. Food prepared so as to be attractive when served.

2. Food items delivered to sites are prepared and packaged to ensure freshness.

3. Seasonings are used properly.

COMMENTS:
<table>
<thead>
<tr>
<th>Action Item</th>
<th>Actual Time</th>
<th>Scheduled Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Delivery Truck is Scheduled to Leave From Kitchen to Delivery Site(s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Cold Food Preparation Begins:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Hot Food Preparation Begins:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signatures: Person Monitoring Site:**

**Date/Time of Visit:**

**Manager on Duty:**

**Address:**

**Name of Site/Facility:**

**Food Catering Preparation Site Monitoring Guide**
| USDA |  |
|------|  |
| Food |  |
| Safety |  |
| Controls |  |
| Card |  |
| is |  |
| maintained |  |
| and |  |
| updated |  |
| USDA |  |
| Donated |  |
| Surplus |  |
| Food |  |
| Stored |  |
| Proper |  |
| Temperature: |  |
| Bacteria |  |
| Freezer: |  |
| Cheese: |  |
| 34°F-45°F Dry Milk: |  |
| 30°-35°F |  |
| 31°F |  |
| 30°F |  |
| Cold & Hot Foods |  |
| are |  |
| placed |  |
| in |  |
| the |  |
| same |  |
| food |  |
| containers |  |
| Correct |  |
| portions |  |
| are |  |
| being |  |
| served |  |
| in |  |
| complying |  |
| with |  |
| portioning |  |
| guide |  |
| Food |  |
| delivery |  |
| containers |  |
| are |  |
| cleaned |  |
| sanitized |  |
| daily |  |
| Minimum |  |
| holding |  |
| temperature |  |
| for |  |
| hot |  |
| foods |  |
| Bleeds |  |
| are |  |
| not |  |
| placed |  |
| on |  |
| top |  |
| of |  |
| other |  |
| foods |  |
| Cold & Hot Foods |  |
| are |  |
| protected |  |
| separately |  |
| Home |  |
| Delivered |  |
| Meats |  |
| Roasted |  |
| sell |  |
| in |  |
| preparation |  |
| of |  |
| food |  |
| All |  |
| canned |  |
| foods |  |
| have |  |
| visible |  |
| labels |  |
| indicating |  |
| use |  |
| until |  |
| opened |  |
| Cooks |  |
| work |  |
| from |  |
| a |  |
| food |  |
| preparation |  |
| worksheet |  |
| including |  |
| critical |  |
| control |  |
| points |  |
| or |  |
| shelf |  |
| food |  |
| is |  |
| being |  |
| delivered |  |
| Food |  |
| temperature |  |
| is |  |
| taken |  |
| prior |  |
| to |  |
| putting |  |
| food |  |
| into |  |
| hot |  |
| pans |  |
| (°Fahrenheit) |  |
| Frozen |  |
| and |  |
| vegetables |  |
| are |  |
| washed |  |
| thoroughly |  |
| Floors |  |
| and |  |
| walls |  |
| clean |  |
| and |  |
| free |  |
| from |  |
| peeling |  |
| film |  |
| yes |  |
### Nutrition Program Caterer Checklist

<table>
<thead>
<tr>
<th>Facility</th>
<th>Evaluator</th>
<th>Date</th>
</tr>
</thead>
</table>

#### A. Kitchen Inspection
1. Food is prepared in a Grade "A" kitchen **Yes**  **No**  **N/A**
2. Current Inspection form is posted **Yes**  **No**  **N/A**
3. Date of Inspection ____________________________________________
4. Grade of Inspection (Percentage) **Yes**  **No**  **N/A**

#### B. Personnel
1. Hand washing signs are posted and proper hand washing being practiced. **Yes**  **No**  **N/A**
2. Staff is clean, well groomed and properly dressed **Yes**  **No**  **N/A**
3. Proper hair restraints are worn to protect foods and beverages **Yes**  **No**  **N/A**
4. Staff are not eating and smoking in food preparation area **Yes**  **No**  **N/A**
5. Staff in free of infected wounds, colds etc. **Yes**  **No**  **N/A**

#### C. Food Handling and Preparation and Storage
1. Thermometers are in all refrigerators, freezers, warmers, dry storage **Yes**  **No**  **N/A**
2. All food products are being held/stored at correct temperature **Yes**  **No**  **N/A**
3. Food temperatures are recorded daily **Yes**  **No**  **N/A**
4. Food arrival times are recorded daily **Yes**  **No**  **N/A**
5. Thermometers are available to staff **Yes**  **No**  **N/A**
6. Food temperatures are recorded appropriately **Yes**  **No**  **N/A**
7. Floors, walls, ceilings and food contact sources in good repair **Yes**  **No**  **N/A**
8. All food is stored off the floor on a clean surface **Yes**  **No**  **N/A**
9. Foods are covered, labeled, and dated **Yes**  **No**  **N/A**
10. Floors and walls are clean and free from peeling paint **Yes**  **No**  **N/A**
11. Cleaning supplies are stored separately from food and properly labeled **Yes**  **No**  **N/A**

#### D. Sanitation and Food Receiving
1. Food Service floors, walls, equipment, ceiling are clean and free of debris **Yes**  **No**  **N/A**
2. Food contact surfaces are clean and sanitized by approved methods **Yes**  **No**  **N/A**
3. Sanitizing solution is readily available **Yes**  **No**  **N/A**
4. Proper hair restraints are worn in food preparation areas **Yes**  **No**  **N/A**
5. There is effective control on flies, roaches, vermin, etc **Yes**  **No**  **N/A**
6. Food carriers are clean **Yes**  **No**  **N/A**
7. Food carriers are in good condition to maintain safe food temperatures **Yes**  **No**  **N/A**
8. Food delivery trucks are clean **Yes**  **No**  **N/A**
9. Food delivery trucks are properly equipped to maintain safe temperatures **Yes**  **No**  **N/A**
10. Food service personnel check temperatures on:
   a. "Fresh food items" before accepting **Yes**  **No**  **N/A**
   b. "Refrigerated food items" before accepting **Yes**  **No**  **N/A**
   c. "Frozen food items" before accepting **Yes**  **No**  **N/A**
11. Food Production Manager notes end of prep time and signs delivery tickets **Yes**  **No**  **N/A**
12. Time between completion of cooking & delivery to nutrition site is ≤ 3 hours **Yes**  **No**  **N/A**

#### E. Menu
1. Certified menu and site hours are posted **Yes**  **No**  **N/A**
2. Leftover policy is followed **Yes**  **No**  **N/A**
3. Changes in the menu are documented accurately **Yes**  **No**  **N/A**
4. Substitutions are justified and appropriate **Yes**  **No**  **N/A**
5. Proper portions are served; proper utensils are used **Yes**  **No**  **N/A**
Food Safety Tips for Home Delivered Meals

1) Proper handling is important to ensure the food is safe to eat.

   Hot or cold ready-prepared meals are perishable and can make you sick when not safely stored.

2) When the meal arrives, it should be eaten or refrigerated right away.

3) Eat refrigerated leftovers within 4 days.

4) If you don’t think you will eat the leftovers within 4 days, date and freeze the meal right away.

Remember...

Throw away food that has been left out for 2 hours or longer!

www.FoodSafety.gov
Food Safety Questions?
Call the USDA Meat & Poultry Hotline at 1-888-674-6854
### Section II

Required only for clients of HCCBG congregate meals, congregate supplemental meals, or NSIP only meals and care management.

#### 15. Nutrition health score

<table>
<thead>
<tr>
<th>Question</th>
<th>Refer to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Do you have an illness or condition that made you change the kind and/or amount of food you eat?</td>
<td>Nutrition Education &amp; Counseling, Health Care Provider</td>
</tr>
<tr>
<td>b. How many meals do you eat per day?</td>
<td>Social Services, Nutrition Education &amp; Counseling</td>
</tr>
<tr>
<td>c. How many servings of fruit per day?</td>
<td>Nutrition Education &amp; Counseling</td>
</tr>
<tr>
<td>d. How many servings of vegetables per day?</td>
<td>Mental Health, Medication Management Program, Nutrition Education &amp; Counseling</td>
</tr>
<tr>
<td>e. How many servings of milk/dairy products per day?</td>
<td></td>
</tr>
<tr>
<td>f. How many drinks of beer, liquor, or wine do you have every day or almost every day?</td>
<td></td>
</tr>
<tr>
<td>g. Do you have tooth/mouth problems that make it hard for you to eat?</td>
<td>Oral Health Practitioner, Nutrition Education &amp; Counseling</td>
</tr>
<tr>
<td>h. Do you always have enough money or food stamps to buy the food you need?</td>
<td>Social Services, Social Security Office, Food Banks</td>
</tr>
<tr>
<td>i. How many meals do you eat alone daily?</td>
<td>Senior Centers, Mental Health, Church Programs, Volunteer Programs</td>
</tr>
<tr>
<td>j. How many prescribed drugs do you take per day?</td>
<td>Medication Management Program, Pharmacist, Health Care Provider</td>
</tr>
<tr>
<td>k. How many over-the-counter drugs do you take per day?</td>
<td>Health Care Provider, Nutrition Education &amp; Counseling</td>
</tr>
<tr>
<td>l. Have you lost or gained 10 or more pounds in the past 6 months without trying? Did you gain weight? Did you lose weight?</td>
<td></td>
</tr>
<tr>
<td>m. Are you physically able to: Shop for yourself? Cook for yourself?</td>
<td>Social Services, In-home Aide Program, Nutrition Education &amp; Counseling</td>
</tr>
</tbody>
</table>

**Total Score**
FACTORS THAT PLACE OLDER ADULTS AT RISK OF POOR NUTRITION

**Nutritional Factors**
- Eating fewer than 2 meals a day, rarely eating breakfast
- Eating few fruits/vegetables
- Eating few dairy products or equivalents
- Consuming inadequate or monotonous diets
- Consuming inadequate fluid/water
- Having a fair/poor appetite
- Feeling full early
- Having an illness or condition that has changed eating habits
- Needing a therapeutic diet
- Experiencing nausea, vomiting, diarrhea, constipation, chronic gastro-intestinal upset

**Health Factors and Functional Factors**
- Chronic or acute diseases or conditions (arthritis, hypertension stroke, cancer, diabetes, osteoporosis, Alzheimer's disease, dementia, Parkinson's disease)
- Sensory changes (sight, hearing, smell, taste)
- Oral, chewing and swallowing problems
- Multiple medications
- Depression
- Being sedentary
- Alcoholism
- Smoker
- Mobility impairment
- Physical/mental impairment that limit the ability to shop and/or prepare meals
- Unable to feed oneself

**Socio-economic Factors**
- Insufficient money to purchase food, food insecure or experiencing poverty
- Inadequate health insurance coverage, especially prescription drug coverage
- Living alone, being isolated, experiencing neglect
- Being homebound
- Having limited access to health care
- Not having or not being able to use a stove, microwave or refrigerator; no gas or electricity
What is the difference between nutrition education and nutrition counseling?

While nutrition education for nutrition program participants is required, nutrition counseling should also be offered as a best practice. Ideally, a dietician would visit with high risk participants and provide a nutritional assessment and individualized counseling. The definitions are below:

**Nutrition Education**
A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise. [Note: this is the only service of the 14 listed services in the SPR where the unit measure (one session) refers to either an individual or group service. In this case, for example, a group of people attending a session on nutrition issues for the elderly would count as one unit of "Nutrition Education".]

**Nutrition Counseling**
Provision of individualized advice and guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.
<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smothered Chicken</td>
<td>Pork Riblett</td>
<td>SPECIAL</td>
<td>Happy 4th</td>
<td></td>
</tr>
<tr>
<td>Mushroom Gravy</td>
<td>BBQ Sauce</td>
<td>Chicken Chef Salad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mashed Potatoes</td>
<td>Green Peas</td>
<td>Spinach Romaine Salad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Green Beans</td>
<td>Whipped Sweet Potatoes</td>
<td>Greens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole Wheat Bread</td>
<td>Red Delicious Apple</td>
<td>Pasta Veggie Salad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit Punch Milk</td>
<td>Hamburger Bun</td>
<td>Tri-color Bean Salad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td></td>
<td>Apple Pie</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waikiki Chicken</td>
<td>Ziti w/ Meat Sauce</td>
<td>Seafood Salad</td>
<td></td>
<td></td>
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<tr>
<td>Rice Pilaf</td>
<td>Broccoli Cuts</td>
<td>Kidney Bean Salad</td>
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<tr>
<td>Capri Blend Veggies</td>
<td>Spiced Apple Slices</td>
<td>Carrot Raisin Salad</td>
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<tr>
<td>Fresh Orange</td>
<td>Texas Toast</td>
<td>Saltine Crackers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birthday Cake</td>
<td>Milk</td>
<td>Grape Juice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole Wheat Bread Milk</td>
<td></td>
<td>Milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sloppy Joe</td>
<td>Chicken Penne Pasta</td>
<td>Italian Sandwich</td>
<td>BBQ Chopped Pork</td>
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<tr>
<td>Whole Kernel Corn</td>
<td>Italian Squash</td>
<td>Lettuce &amp; Tomato</td>
<td>Ranch Beans</td>
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<tr>
<td>Baked Beans</td>
<td>Carrots</td>
<td>Fresh Cantaloupe</td>
<td>Confetti Cole Slaw</td>
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<tr>
<td>Hamburger Bun</td>
<td>Tropical Mixed Fruit</td>
<td>LD Pecan Spinwheel</td>
<td>Apple Crisp</td>
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<tr>
<td>Orange-Tangerine Juice Milk</td>
<td>Rue Bread</td>
<td>Hoagie Bun</td>
<td>Hamburger Bun</td>
<td></td>
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<tr>
<td></td>
<td>Milk</td>
<td></td>
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<tr>
<td>Sliced Ham</td>
<td>Country Meatballs</td>
<td>Chicken Salad</td>
<td>Meatloaf</td>
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<td>Pinto Beans</td>
<td>Steamed Rice</td>
<td>Lettuce &amp; Tomato</td>
<td>Brown Gravy</td>
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<tr>
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<td>Green Beans</td>
<td>Macaroni Salad</td>
<td>Mashed Potatoes</td>
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<tr>
<td>Oatmeal Raisin Cookie</td>
<td>Pickled Beets</td>
<td>Tropical Mixed Fruit</td>
<td>Mixed Veggies</td>
<td></td>
</tr>
<tr>
<td>Rye Bread</td>
<td>White Bread</td>
<td>Whole Wheat Bread (2)</td>
<td>Fresh Banana</td>
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<tr>
<td>Fruit Punch Milk</td>
<td>Strawberry-Kiwi Juice</td>
<td>Orange-Tangerine Juice</td>
<td>White Dinner Roll</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
<td></td>
</tr>
<tr>
<td>Beef Patty</td>
<td>Smothered Chicken</td>
<td>Pork Riblett</td>
<td>Turkey Salad</td>
<td></td>
</tr>
<tr>
<td>Pepper &amp; Onion Gravy:</td>
<td>Mushroom Gravy</td>
<td>BBQ Sauce</td>
<td>Lettuce</td>
<td></td>
</tr>
<tr>
<td>Seasoned Collard Greens</td>
<td>Mashed Potatoes</td>
<td>Green Peas</td>
<td>Macaroni Salad</td>
<td></td>
</tr>
<tr>
<td>Black-eyed Peas</td>
<td>Green Beans</td>
<td>Whipped Sweet Potatoes</td>
<td>Copper Penny Salad</td>
<td></td>
</tr>
<tr>
<td>Applesauce</td>
<td>Whole Wheat Bread</td>
<td>Red Delicious Apple</td>
<td>Captains Wafers</td>
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<tr>
<td>White Bread</td>
<td>Fruit Punch</td>
<td>Hamburger Bun</td>
<td>Fresh Fruit</td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td></td>
<td>Milk</td>
<td>Milk</td>
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</tr>
</tbody>
</table>

*****MENUS SUBJECT TO CHANGE ACCORDING TO AVAILABILITY*****
We will be closed on: Friday, July 4th for Independence Day.

High Energy Snacks for All Ages

Going too long without eating can make you feel tired, cranky and spacey. Small snacks or mini-meals that include protein, carbohydrates, fiber and some good fats will help keep your energy levels high throughout the day, keep you satisfied and help regulate your blood sugar. Pre-packaged choices aren’t always nutritious! Remember, fresh fruits and vegetables are a healthy way to keep your snacks around 100 calories. Try these some of these 100 calorie snacks which are great for portion control and convenience. A “skinny” latte made with coffee and skim milk; a cup of tea with an oatmeal cookie; one packet of instant oatmeal; six ounces of low fat yogurt; 15 chocolate covered raisins; two ounces of water-packed tuna with one teaspoon low fat mayo; one tablespoon humus on 1/2 pita pocket bread; two graham cracker squares with two tablespoons of peanut butter; one cup of chicken noodle or vegetable soup; or one ounce of pepper jack cheese. If you’re not one to eat breakfast try one of these breakfasts on the go to get your morning started. You’ll have lots of energy and be less likely to snack before lunchtime: 1/4 cup almonds and 5 dried cranots, sliced apple with 1 tablespoon peanut butter, a hard-boiled egg and piece of fresh fruit, 6 ounces of low fat yogurt and 1 cup fresh strawberries. Try this two minute breakfast shake! Combine in blender and blend until smooth: 8 ounces of soy milk, 1 scoop Giant vanilla whey protein powder, 2 tbsp. PB2 (powdered peanut butter), and 1/2 banana. 310 calories, 31 g protein, 6g fat, 43g carb, 240mg sodium.

Hot Weather Tips

The summer heat is upon us.
Keep cool and protect yourself from the heat.

1. Drink plenty of liquids such as water and sports drinks.
   Avoid alcohol and drinks with lots of sugar.
2. Limit physical activity, especially between 10 a.m. and 3 p.m.
3. Stay in air-conditioned areas like malls, libraries, movie theaters and community centers.
4. Cool off by taking a cool bath or shower.
   Wear lightweight and loose fitting clothing such as cotton.
   Never leave anyone or pets in closed or parked cars.
5. Cover your head with a wide-brimmed, vented hat or use an umbrella.
6. Wear sunglasses and sunscreen.
7. Rest often in shady areas.
IDEAS FOR INTERGENERATIONAL ACTIVITIES

PEN PALS - Spend a few minutes at your meeting writing a letter to a student at the local elementary school, introducing yourself. Take these to a teacher who has agreed to this project. The teacher will match the letter to a student of similar interest. The student will in turn write a letter back to the lunch participant. These exchanges can go on once a month for the school year. At the end of the year, invite the children to the nutrition site to meet their "pen pals.”

LUNCH BUDDY - Once a month or periodically a class of students could come to the nutrition site, bring a bag lunch and eat with the participants. After lunch they might play games, such as checkers with checker boards they have made and buttons for checkers.

HORTICULTURE - Have a plant day. Site participants could bring plants from home. Get a local nursery to donate pots and soil. Participants could show students how to repot, divide and plant new plants. These activities will be conversation starters between the generations. Students could take some plants back for their classrooms. Plants that might commonly be shared are: hen and biddies, airplane plant, ferns, begonias, spider plants, etc.

GAMES - Site participants could pool their memories of games they played when they were children and teach them to children in a class.

INTERGENERATIONAL CHORUS - Children and adults can each learn songs (or dances) and then get together to sing, practice and/or perform.

SEWING PROJECTS - Many sewing projects are "new" to children. One group helped a class to design and make a quilt. The quilt hangs in the lobby of the school.

RHYTHMN BAND - The school may have rhythm band instruments. One senior center received a grant to purchase the instruments. Seniors and students enjoy playing together, learning new songs and perhaps performing for groups in the community. Someone at the nutrition site may be able to play the piano or keyboard to accompany the rhythm band.

INTERGENERATIONAL SPELLING BEE - Spelling teams consist of four children and four adults. This program brings together the two generations for positive interaction and provides mental stimulation in a recreational setting. Each team chooses its own captain. Prizes could be given each time.

INTERVIEWS - Children could interview older adults for a school project on a topic assigned by their teacher. They could write them up and put on their school bulletin board, accompanied by a Polaroid picture of the child and the person they interviewed.
SEASONAL ACTIVITIES - Make simple crafts appropriate to the season, such as dying Easter eggs, making cookies.

THEME DAYS - At one nutrition site once a month a class from the local elementary school is bused over. Each month they have a different theme. One month, for example, they did "beach", and one of the activities was to throw beach balls back and forth from children to seniors and vice versa. The exercise they get is important for the seniors. They have a big end of the year celebration with both groups in attendance.

INTERGENERATIONAL SHARING- The objective of this program is to create an opportunity for the generations to share experiences and attitudes while learning from each other. Before their day together, youth learn about the aging process and about aging myths through a presentation by the local senior center. Youth also record the oral history of community older adults and the history of the development of family life in the community. The information gathered is then presented at the Intergenerational Sharing day. The media presentation is followed by discussion groups between seniors and youth.

FOLKPATTERNS-The objectives of this program stress development of research and communication skills, development of understanding one’s own sense of identity, as well as an understanding of one’s own community, and a contribution to the general knowledge of folk culture and history. The youth learn how to conduct folklore interviews with older adults and how to organize and present collected materials in creative ways to others in the community, such as in displays, notebooks, videos, bulletin boards and skits. Youth discover their own heritage and cultural traditions as well as the heritage and cultural traditions of others by interacting with a variety of people from different ages and cultural groups.

COMPUTER EASE CLASS-Elementary students become computer instructors for senior students. The program objectives are to improve the quality of life for all participants by creating mutually beneficial opportunities for younger people and older adults to interact, increase self esteem, and encourage lifelong learning through natural curiosity and eagerness to learn of both age groups. Seniors meet with the student-instructors to learn about computers. They get hands-on exploratory experience with computers, make personalized stationary letterhead using computer graphics, and type letters using the computer as a word processor.
North Carolina Association of Feeding America Food Banks
SERVING ALL 100 COUNTIES IN NORTH CAROLINA

Legend
- Regional Food Bank Service Area
- Regional Food Resource Organization Service Area
- Regional Food Bank Warehouse
- Regional Food Bank Branch

1. MANNA FoodBank
   Asheville — 16 Counties
   Distributed 10,360,719 lbs. to 274 agencies*
   Executive Director: Cindy Threlkeld
   (828) 293-3603
   cthrelkeld@feedingamerica.org

2. Second Harvest Food Bank of Metrolina
   Charlotte — 19 Counties**
   Distributed 36,592,038 lbs. to 649 agencies*
   Executive Director: Kay Carter
   (704) 376-1785
   kcartner@secondharvest.org
   ** Includes York, Spartanburg, Union, Cherokee, and Lancaster Counties in South Carolina.

3. Second Harvest Food Bank of Northwest North Carolina
   Winston-Salem — 18 Counties
   Distributed 15,840,748 lbs. to 348 agencies*
   Executive Director: Clyde Fitzgerald
   (336) 784-5770
   cfitzgerald@feedingamerica.org

4. Second Harvest Food Bank of Southeast North Carolina
   Fayetteville — 7 Counties
   Distributed 6,665,374 lbs. to 173 agencies*
   Executive Director: David Griffin
   (910) 485-8809
   david.griffin@ccap-inc.org

5. Inter-Faith Food Shuttle
   Raleigh — 7 Counties
   Distributed 6,446,272 lbs. to 243 agencies*
   Executive Director: Jill S. Bullard
   (919) 250-0043
   jill@foodshuttle.org

6. Food Bank of Central & Eastern North Carolina
   Raleigh — 34 Counties
   Distributed 41,043,867 lbs. to 830 agencies*
   CEO/President: Peter Werbecki
   (919) 875-0707
   pwerbecki@foodbankcenc.org

7. Food Bank of the Albemarle
   Elizabeth City — 15 Counties
   Distributed 4,822,394 lbs. to 128 agencies*
   Executive Director: Liz Reasoner
   (252) 335-4035
   lreasoner@feedingamerica.org

North Carolina Association of Feeding America Members
Fast Facts:
- Seven members in North Carolina affiliated with Feeding America.
- Working to alleviate hunger in all 100 counties of North Carolina through a network of more than 2,700 partner agencies.
- Distributed over 121.3 million pounds of food and other grocery products, which is the equivalent of over 101 million meals, to these agencies in the year through FY 2010-2011.

*Figure indicates distribution to agencies as reported in the 2011 NAR member profile and percent of product to clients.
<table>
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<th>Organization</th>
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<tr>
<td>Alamance</td>
<td>ALAMANCE ELDERCARE, INC</td>
<td>PO BOX 202, BURLINGTON, NC 272160202</td>
<td>336-538-8080</td>
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<td>Beaufort</td>
<td>BEAUFORT COUNTY DSS</td>
<td>632 W. 5TH STREET, PO BOX 1358, WASHINGTON, NC 278804302</td>
<td>252-940-6042</td>
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<td>Buncombe</td>
<td>COUNCIL ON AGING OF BUNCOMBE COUNTY</td>
<td>48 SHEFFIELD CIRCLE, ASHEVILLE, NC 288033423</td>
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<td>Catawba</td>
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<td>PO BOX 669, NEWTON, NC 286580069</td>
<td>828-695-5600</td>
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<td>Chatham</td>
<td>CHATHAM CO COUNCIL ON AGING</td>
<td>PO BOX 715, PITTSBORO, NC 273120715</td>
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<td>Columbus</td>
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<td>PO BOX 1327, WHITEVILLE, NC 294721327</td>
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<td>Cumberland</td>
<td>CUMBERLAND COUNTY COUNCIL ON OLDER A</td>
<td>339 DEVERS STREET, FAYETTEVILLE, NC 283034750</td>
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<td>Davidson</td>
<td>DAVIDSON COUNTY SENIOR SERVICES</td>
<td>555B- W CENTER ST. EXT., LEXINGTON, NC 272961386</td>
<td>336-242-2290</td>
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<td>Davie</td>
<td>DAVIE COUNTY SENIOR SERVICES</td>
<td>278 MERONEY STREET, MOCKSVILLE, NC 270282012</td>
<td>336-753-6230</td>
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<td>Durham</td>
<td>DURHAM CENTER FOR SENIOR LIFE</td>
<td>406 RIGSBEE AVE., SUITE 202, DURHAM, NC 27701</td>
<td>919-688-8247</td>
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<td>Forsyth</td>
<td>SENIOR FINANCIAL CARE - PATHWAYS</td>
<td>8084 N POINT BLVD STE 204, WINSTON SALEM, NC 271063116</td>
<td>336-896-1328</td>
</tr>
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<td>Forsyth</td>
<td>SENIOR SERVICES, INC.</td>
<td>2895 SHOREFAIR DRIVE, WINSTON-SALEM, NC 271054237</td>
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<td>Guilford</td>
<td>SENIOR RESOURCES OF GUILFORD 301 E. WASHINGTON STREET</td>
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<td>New Hanover</td>
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<td>910-798-6400</td>
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<td>Pender</td>
<td>PENDER ADULT SERVICES, INC. 901 SOUTH WALKER STREET PO BOX 1251</td>
<td>910-259-9119</td>
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<td>BURGAW, NC 284251251</td>
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<td>Randolph</td>
<td>RANDOLPH CO SENIOR ADULTS ASSOCIATION 347 W SALISBURY STREET</td>
<td>336-625-3389</td>
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<td>PO BOX 1852 ASHEBORO, NC 272041852</td>
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<td>Sampson</td>
<td>SAMPSON COUNTY DEPT ON AGING 405 COUNTY COMPLEX ROAD SUITE 140</td>
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<td>Stanly</td>
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<td>Surry</td>
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<td>336-783-8500</td>
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<td>MT AIRY, NC 27030</td>
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<tr>
<td>Union</td>
<td>COUNCIL ON AGING IN UNION COUNTY</td>
<td>PO BOX 185, MONROE, NC 28110185</td>
<td>704-292-1797</td>
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<tr>
<td>Wake</td>
<td>RESOURCES FOR SENIORS, INC.</td>
<td>1110 NAVAHO DR, STE 400, RALEIGH, NC 276097369</td>
<td>919-872-7933</td>
</tr>
<tr>
<td>Wayne</td>
<td>WAYNE COUNTY SOA</td>
<td>PO BOX 227, GOLDSBORO, NC 27530227</td>
<td>919-731-1591</td>
</tr>
</tbody>
</table>
COLUMBUS COUNTY DEPARTMENT OF AGING
827 WASHINGTON ST, WHITEVILLE, N.C. 28472
TELEPHONE: 910-640-6602 FAX: 910-640-6646 EMAIL: judyward@columbusco.org
ED WORLEY, DIRECTOR

MISSION

Committed to provide services that promote wellness, encourage independence and enhance quality of life for all persons 60 years or older.

IN HOME SERVICES

Personal Care Services (PCS) - one has to receive Medicaid and have a medical condition that requires the direct and ongoing care. In Home Aides are placed in the homes by the In Home Aide Coordinators at the agency after the R.N.'s have been and made a home assessment to determine eligibility. This service is to assist and not replace the help available from family members and community resources. This program serves the needs of approximately 353 clients daily.

Title III B is an in home aide service program for 60 years or older persons who are not Medicaid recipients who have personal care needs. Funds are limited and the referral waiting list is very long. The program has approximately 202 on the waiting list. Caregiver's Respite Program - relieve caregivers - limited funds.

Community Alternatives Program (CAP/DA) is a special Medicaid in home service, designed for persons who are nursing home level of care. The aim is to allow the individual to return to or to remain in the community and live as independently as possible. There's an estimated 213 persons on the waiting list for this program.

CAP/C is for children up 18 years of age.

Private Insurance (Private Pay) the in home services may be provided under some private insurance companies and by private payment.

Information and Referral/Assistance

Information is provided to persons 60 years or older by I & R Coordinator, Judy Ward. She provides information to the older adult about programs or services available to them in the county. Some times assistance may be needed in meeting these needs. An assessment may be necessary. Referrals are made to the appropriate agencies and follow up is made if necessary. A registration form is required for this program. The Coordinator is a counselor for Senior Health Information Insurance Program (SHIP) A Nutritional Supplement Program is operated by the I&R Coordinator. It is sold to the older adult at a reduced price to enable those who need the nutrition but were financially unable to purchase at regular price. The Operation Fan Program is coordinated by the I&R Coordinator. This program is during the hot months of the year, fans are purchased with fund provided by the Utility Companies and Volunteer Organizations. Fans are distributed to the older adults who have no means of cooling their homes. Needy Program is an assistance program during the winter season, for heating bills for emergency situations. Funding by donations from private sector. Eligibility: 60 years or older.

Transportation

Transportation is provided to the older adult 60 years or older to the Nutrition Sites by vans with no charge but asked to share in the cost with a voluntary contribution. No one will be denied this service if unable to contribute. Contact person - Judy Ward. Medical Transportation (for dialysis senior citizens only) is available through funds from N.C. Dept. of Transportation. Coordinators are Judy Ward at the Dept. of Aging and Janet Hinson at the Health Dept. This is the and Disabled Transportation Assistance Program, it is for persons who are elderly or disabled and do not receive aid. Medicaid recipients are to contact Dept. of Social Services for their medical transportation.
JIOR CENTER OPERATIONS

There are seven senior centers in the county which operate 8:00 AM to 5:00 PM Monday through Thursday and Friday 8:00 AM to 1:30 PM on Fridays. These centers provide community involvement and opportunities for older adults to become physically active, mentally challenged, emotionally supported and socially involved. Each center has a nutrition site for congregate nutrition. There’s Exercise Equipment available for the seniors to use with a physician’s permission. They are always planning trips and outings for the seniors with minimum cost. The craft classes are offered to the seniors 65 or older without charge. The local Community College provides instructors. Centers are located at: Whiteville, Tammy Young Coordinator, Bug Hill (Nakina), Janette Long Coordinator, East Columbus (Riegelwood), Lillie Young Coordinator, Fair Bluff, Peggy McPherson Coordinator, Tabor City, Pam Spivey Coordinator, Bolton Senior Center (Bolton) Catherine Spaulding, Coordinator. Chadbourn Senior Center (Chadbourn) Ruby Shelly Coordinator.

Medical Equipment is available for loan to our seniors at each center with no charge if returned undamaged.

NUTRITION

Congregate Meals are hot meals provided at noon hour in T sites in the county. 70,000 meals are served in the program year. These meals are 1/3 the daily recommended dietary allowance for older adults 60 years or older. Persons 60 years or older may attend any of these sites for a nutritious meal and nutrition education and appropriate supportive services to enhance their independence.

A registration form must be completed and signed on the first visit. There is no charge for the meal but a contribution is suggested to share in the cost and help serve additional persons. No one will be denied a meal because they are unable to share in the cost. This program supervisor is Pat Harrelson. Transportation is provided for senior citizens to attend the nutrition sites, for information contact Judy Ward, Transportation Coordinator.

Delivered Meals are served out of four of the nutrition sites. Meals are delivered to homebound persons by volunteers. Routes established only in areas with available volunteers. Persons who are 60 years old or older, homebound and only able to go out for medical appointments are eligible. A home assessment is made on each one; eligibility is determined by the Nutrition Supervisor, Pat Harrelson.

There is no charge but a contribution is suggested, the service will not be denied if failure to share in the cost.

SITE LOCATIONS: Whiteville, Bug Hill, Tabor City, Fair Bluff, Bolton, and East Columbus and Chadbourn.

MINOR HOME REPAIR

This program is coordinated by Judy Ward and is designed to assist persons 60 years or older with minor home repairs to their homes to remedy conditions which are a risk to their health and safety. Materials only (not labor) are furnished for this program, (grab bars, hand rails, smoke detectors, etc.) A home assessment is required and registration form must be signed and completed. No charge for this service but contributions accepted. Modifications for safety provided by Blue Cross Blue Shield of North Carolina foundation, for persons who are ineligible for the Title III program.

PRESCRIPTION ASSISTANCE PROGRAM – MED-COnect

A prescription assistance coordinator will assist with obtaining medications free or reduced price by applying through the drug companies for discounts. Age and income are a factor in eligibility. Monday–Friday 8:30 AM – 2:30 PM

unds made possible by the Health and Wellness Trust Fund Commission and Blue Cross and Blue Shield of North Carolina Foundation.

Supervisor – Judy Ward  Coordinator – Serena Sellers. ssellers@columbusco.org
HELP
WHEN YOU NEED IT MOST

Dial 211 to connect with a network of over 18,000 resources right here in North Carolina. Our agency partners can assist you with:

- Food, Housing & Utilities
- Child Care & Education Services
- Financial Education/Credit Counseling
- Health Care
- Job Training
- Counseling/Support Groups
- Mental Health & Substance Abuse
- Senior Services
- Volunteer Opportunities
- Disaster Services and so much more

DIAL
211

Help starts here.

www.NC211.org
Toll Free 888-892-1162

FREE / CONFIDENTIAL
24 HOURS / 7 DAYS A WEEK / ANY LANGUAGE
Aid and Attendance is a special Federal veteran benefit program providing financial support to veterans who have a limited income and who are considered to be in need of regular in-home or nursing home care.

Benefits help is available from the trusted experts.

Don’t pay for services that you have earned.

Navigating the complexities of veterans benefits can be difficult and sometimes it can be hard to know who you can trust. Let the experts in veteran benefits explain your options and help you determine what benefits you qualify for and are entitled to.

The North Carolina Division of Veterans Affairs and local Veterans Service Officers are experts in veteran benefits. Since 1928, we have assisted veterans in obtaining the benefits that you have earned, and we do it free of charge, always.

Please visit our web site to learn more about this valuable benefit, find your local Veteran Service Officer, or to request a free information on various veterans benefits for your community.

http://www.ncveterans.com

North Carolina Division of Veterans Affairs http://www.ncveterans.com
Seniors & SNAP: 5 Myths Busted

Get help paying for healthy food!

The Supplemental Nutrition Assistance Program (SNAP) helps over 4 million seniors aged 60+ buy healthy food every day. Get the facts—then see how to apply at www.BenefitsCheckUp.org/getSNAP.

1. **MYTH**
   SNAP is only for families with children.

2. **MYTH**
   I'll only get $15 a month, so it's not worth applying.

3. **MYTH**
   Other people need SNAP more than I do.

4. **MYTH**
   No stores near me accept SNAP.

5. **MYTH**
   It's too hard to apply for SNAP.

Visit www.BenefitsCheckUp.org/getSNAP to get your application now!
Staff and Volunteer Orientation and Training Requirements

*Nutrition Program Directors*: Within 12 months of employment:

*Attend DAAS Nutrition Program Management Training*
- Administrative procedures
- Record keeping Systems
- Reporting procedures
- Food Safety (Food Service Sanitation Course IE. Serve Safe)
- Food Service
- Aging process
- Fire/disaster evacuation
- Confidentiality
- Written information on personnel policies (job descriptions, fringe benefits, vacations, holiday and sick leave, outside employment, grievance procedures
- and termination, hours, compensation and travel allowance, probation and promotion, procedures and timetable for performance evaluations, training requirements
- (Recommend instruction in cardiopulmonary resuscitation)

*Successfully pass an approved American National Standards Institute (ANSI) accredited program exam*
- Effective January 1, 2014; following NC Food Code 2-102.12
- Good for 5 years
- On-line course training will be accepted.
- Exams must be proctored and a passing score must be achieved to become certified.
- **3 exams are ANSI approved:**
  - SERVSAFE® Food Protection Manager Certification
  - Prometric's Certified Professional Food Manager (CPFM)
  - National Registry of Food Safety Professionals

***not required for Congregate Nutrition Site Managers***
Staff and Volunteer Orientation and Training
Requirements Continue

**Site Managers**

- Site Operations
- Site Records
- Community resources and methods of referrals
- Food Safety
- Food Portioning
- Aging Process
- Fire/Disaster Evacuation
- Confidentiality
- Written information on personnel policies (job descriptions, fringe benefits, vacations, holiday and sick leave, outside employment, grievance procedures and termination, hours, compensation and travel allowance, probation and promotion, procedures and timetable for performance evaluations, training requirements
- (Recommend instruction in cardiopulmonary resuscitation)

**Volunteers**

- Site procedures
- Specific volunteer activities
- Confidentiality
- Written information on Personnel policies (job descriptions, fringe benefits, vacations, holiday and sick leave, outside employment, grievance procedures and termination, hours, compensation and travel allowance, probation and promotion, procedures and timetable for performance evaluations, training requirements

*Home Delivered Meals Volunteers* must also receive training covering:

- Purpose of the program
- Program regulations
- Temperature controls
- Menu requirements
- Delivery procedures
- Eligibility requirements
- Hours to work
- Participant emergency procedures
Volunteer Data Sheet

Today’s Date________________ Starting Date________________ (Please fill in)

County____________________ Pick-up Site________________________

Name_________________________ Month Born____________________

Mailing Address________________________

City_________________________ State_________ Zip Code__________

Email address______________________________

List a Phone Number where we can contact you about your delivery date:

Phone #_________________ Cell #____________________

Person to notify in case of emergency:_____________________________________

Relationship________________________ Phone__________________________

How often can you volunteer?______________________________________________

Do you have a day that you prefer?________________ substitute?____________

What influenced you to volunteer for our program?____________________________

Please list two references:

Name________________________

Address____________________

Phone Number____________________

Name________________________

Address____________________

Phone Number____________________

All volunteers may be subject to background checks to insure the safety for our clients!

This information will be used to help us know our volunteers, keep our records updated, and for scheduling purposes.

Thank you for your time and your help with our program!
VOLUNTEER APPLICATION

Please circle one:  Mr.  Mrs.  Ms.  Dr.  Other__________

Name__________________________________________  Date______________

Address_______________________________________  City_________________

State_______Zip Code:_________  Email address:________________________

Telephone:  h)_____________  w)_____________  c)_____________

Emergency Contact____________________________________  Telephone:__________

I am currently:
Employed_________  Homemaker_________  Retired_________

Student_______  School_________________________

Church Affiliation (if any)______________________________

Are you volunteering as a member of an organization?  Yes_______  No_______

If yes, please tell us which one__________________________________________

Do you have a geographical preference for meal delivery?  Yes_______  No_______

If yes, where do you prefer to deliver?____________________________________

When are you available to volunteer?  Mon______  Tues______  Wed______  Thurs______  Fri_____

I am available to volunteer_____ times per month

Would you be willing to substitute?  Yes_______  No_______

If yes, which days are you available to substitute?____________________________________

☐ (please complete the back side of this sheet) ☐
CONFIDENTIALITY

ACKNOWLEDGEMENT OF CONFIDENTIAL INFORMATION

In connection with my activities as a Home Delivered Meal Volunteer:

I agree to hold confidential all information to which I may have access about clients or former clients and will not reveal any information to unauthorized persons. I understand that revealing any information to unauthorized persons will make me subject to either civil action for the collection of monetary damages and/or suspension or dismissal.

________________________  ______________________
Signature                    Date
**Tips for Volunteering**  
*for the Home Delivered Meals Program*

**Do's**

- Be prompt to pick up meals; you are working on a tight schedule. Hot foods must be delivered hot to meet federal requirements and to ensure the food is safe to eat.

- Be cheerful and friendly but keep to the time schedule. Greet the participant by their name to ensure that the correct person receives the meal. Encourage him/her to eat the meal when delivered.

- Packing containers should be handled with care. Open only long enough to remove food containers for delivery then close tightly.

- Keep insulated cases as level as possible at all times to prevent spillage.

- Be sure car is locked when left unattended. Lock purse or other valuables in trunk.

- Ask if the participant needs assistance opening containers.

- Accept voluntary contributions from participants and give to the site manager daily.

- Return all equipment to the site immediately after completion of deliveries. Handle all equipment with care.

- Every day sign or initial the delivery form to indicate that each participant received a meal.

- All volunteers must participate in orientation on program policies and procedures, menu requirements and annual foodborne illness training. You are the eyes and ears during meal delivery!

- Observe and report the participant's possible need for additional services.

- Report to the home-delivered meal director any conditions that might place the older person or the household in imminent danger.

- Report participant comments about food or problems with uneaten food.
Do's Continue

➢ Respect the privacy of program participants and treat all participant information as confidential.

➢ Be very familiar with the agencies' procedures for handling emergency situations.

➢ Know that everyday you are making a big difference in the quality of life for some of the community's homebound older adults!

Don'ts

➢ Volunteers must not open the meal carriers and rearrange the meals.

➢ Home delivered meals should not be left unattended. Do not leave meals at the participant's door if the participant is not home.

➢ Do not give any advice or information to participants. Report requests, comments and observations to site manager.

➢ Never give the participants any medications or drugs. Never lift or move the participants.

➢ Pets should not be in vehicle during delivery of meals. Sanitation is very important.

➢ Do not accept gifts from participants.
TRAINING
THREE PARTS

PART I
PRE-TRAINING

TAKES PLACE PRIOR TO THE VOLUNTEER STARTING THE JOB. TRAINING CAN BE FLEXIBLE. THE TRAINING SHOULD INCLUDE:

- GOALS OF THE AGENCY
- THE SKILLS NEEDED BY THE VOLUNTEERS
- THE TIME COMMITMENT OF THE VOLUNTEERS
- THE JOB DESCRIPTION

TRAINING COMMUNITY RESOURCES ARE, SUCH AS RSVP THE VOLUNTARY ACTION CENTER, LOCAL GOVERNMENT AND BUSINESSES.

TRAINING METHODS CAN TAKE THE FORM OF: INDIVIDUAL TRAINING, GROUP DISCUSSIONS, ROLE PLAYS, DRAMATIZATIONS, OBSERVATIONS, VIDEOS, ON-SITE VISITS AND HANDOUTS
ON-THE-JOB TRAINING

REFERS TO SKILLS AND KNOWLEDGE THE VOLUNTEER SHOULD ACQUIRE TO PERFORM THE DUTIES OF THE JOB.

ON-THE-JOB TRAINING INCLUDES:

- SKILL/TASK BUILDING
- EXPERIENCED BUILDING
- THE USE OF SELF-INSTRUCTIONAL MATERIALS
- GAINED KNOWLEDGE

CONTINUING EDUCATION

IS AN ON GOING PROCESS OF BUILDING ON THE ABILITIES OF THE VOLUNTEER TO ENHANCE HIS COMPETENCIES.

SPECIAL FEATURES:

- COVERS THE CONCEPTS OR PHILOSOPHY OF THE AGENCY
- THE RULES AND POLICIES
- RELEVANT RESOURCES
- PROBLEMS AND ALTERNATIVE SOLUTIONS

APPROACHES ARE:

- INTEGRATION INTO STAFF TRAINING
- DESIGNING SPECIFIC TRAINING FOR VOLUNTEERS
- PARTICIPATION IN STAFF MEETINGS
VOLUNTEERS

Every Volunteer must receive training before working on home delivered meals program.

The strength and effectiveness of the program depends on the quality of the volunteers performance. Both men and women may serve. They should be:

IN GOOD PHYSICAL CONDITION

DEPENDABLE
PROMPT
CHEERFUL
COOPERATIVE
OBSERVANT

TACTFUL

ABLE TO FOLLOW INSTRUCTIONS

CONSIDERATE OF CLIENTS AND FELLOW WORKERS

- A volunteer may work more than one day a week and in more than one classification.
- They should have dexterity and speed in order to operate a production line.
- A "Adverse Weather Squad" should be organized to serve in inclement weather. This group is called upon in emergencies. They should have no fear of driving in snow, ice or heavy rains.
If a recipient complains about the meal, please listen patiently. This is often only a means of starting a conversation. Record the complaint on your Delivery Sheet, but make no promises. If the complaints on your Delivery Sheet are valid and can be acted upon to the interest of the majority of the recipients, they will receive immediate attention. It is not possible, though, to make substitutions for those who do not like a particular food. All menus are balanced diets, meeting 1/3rd of the adult daily nutritional requirements.

On Mondays, the volunteer will deliver an envelop to each recipient with his meal. Please explain that this is for the purpose of contributing towards to the cost of the meal—either in cash, check or food stamps—and will be picked up by the Friday volunteer. These are to be sealed and delivered to the site manager at the nutrition site. These contributions help pay for more meals and can range from as little as 60 cents per meal to $4.73 per meal. Please encourage the recipients to contribute, as this enables us to put new people on the program.

If mileage reimbursement is requested, the Columbus County Department of Aging will reimburse you mileage at 25 cents per mile. Please keep a record of your mileage for reimbursement purposes and turn it in on the 25th of each month to the Nutrition coordinator.

Make sure you have handy, the following numbers: (910) 640 - 6602 and 911.
Instructions to Volunteers

Please pick up your meals at:

at approximately

Welcome to the Home Delivered Meals Program. You will soon be helping to provide hot nutritious meals to those who cannot prepare or otherwise obtain them because of disability, age or illness. The meals are standard for all recipients, no special diets.

You should expect to receive at the pick up point:
One or two large food transporters holding hot and cold food items in separate compartments, a clip board with a route sheet and delivery sheet attached.

Refer to the route sheet on your clip board for directions to the recipients' houses. The names on your route sheet will be shown in the order of delivery. Check daily for any changes. On the delivery sheet, please check those clients that you served a hot meal to. If you have any notes, please write them in the comment area of the delivery sheet. At times, you will be asked to take the temperatures of the meals. You will be given directions how to do this at a later date.

If you should discover a recipient requiring emergency care, call the police at 911. Less serious problems should be reported to the Coordinator of the Nutrition Program at (910) 640 - 6602.

If you cannot get a response when you knock, try the door. If unlocked, open and attempt to get a response by shouting. If you have no success, please return the meal to the kitchen. **DO NOT LEAVE THE MEAL WITHOUT REFRIGERATION.** This could result in food poisoning. Be sure to report your inability to deliver the meal on your Delivery Sheet.
IN CASE OF EMERGENCY

If a person becomes ill at the nutrition site, follow the steps below:

1. Make the client as comfortable as possible.

2. **DO NOT** give the client any medications.

3. If the client is conscious and alert, ask permission to summon an ambulance, call an emergency contact person or have the client taken home.

4. If the client is unconscious or in severe distress, **CALL 911**.

If a client falls:

Follow the procedure above.
Please be prompt. You are working on a schedule delivering hot food which must be delivered hot to meet Health and Sanitation requirements.

2. Be cheerful and friendly but keep to time schedule. Greet the recipient by his/her name. Treat the recipient as an individual whom you feel is important. Encourage him/her to eat the meal when you deliver the food, as food deteriorates rapidly at room temperature.

3. You may display the Home Delivered Meals sign provided to you (ask for one if you don't have one) on the dash of your car.

4. Try not to tilt the insulated cases; keep them level to avoid spillage.

5. Lock purse in truck.

6. Do not give any advice. If the client needs information tell them to contact Blanchie Frink or Judy Ward at the Dept of Aging (910) 640-6602. Record requests, comments and observations on Daily Delivery sheets and return to the coordinator at the kitchen for follow up. Report any physical or mental changes on the Daily Delivery sheets.

7. Open transporters only long enough to remove food containers for delivery, then close tightly to maintain temperatures. Meals should not be removed from the food transporters until the car has stopped at the place of delivery.

8. Return all equipment to pick-up point immediately after completion of deliveries.

Remember! Our Home Delivered Meals recipients are dependent on receiving one hot, healthful meal every day and this means that they are also dependent on you to deliver it. If for any reason, you cannot deliver your assigned route, please either find a friend to substitute for you or let the coordinator know ahead of time.

Thank you for volunteering and enjoy your involvement with the Home Delivered Meals Program!
VOLUNTEERS
FOR THE ELDERLY NUTRITION PROGRAM

CONGREGATE NUTRITION SITES –

• ASSISTANCE WITH MEAL SERVICE

• ASSISTANCE WITH PROVIDING NUTRITION EDUCATION PROGRAMMING

• ASSISTANCE WITH INCREASE SOCIALIZATION

• DECREASE ISOLATION BY BECOMING A BIG BROTHER OR BIG SISTER

• ASSISTANCE WITH PROGRAMMING ACTIVITIES

• ASSISTANCE WITH SHOPPING AND FIELD TRIPS

• ASSISTANCE WITH DECREASING MALNUTRITION – TALK WELLNESS BECOME A WELLNESS PARTNER

• ASSISTANCE WITH MARKETING THE NUTRITION PROGRAM TO HELP INCREASE THE PRIVATE/BUSINESS PARTNERSHIP

HOME DELIVERED MEALS PROGRAM

• ASSISTANCE WITH THE DELIVERY OF MEALS INTO THE HOMES FOR THE HOMEBOUND CLIENT.

• ASSISTANCE WITH NOTIFICATION TO PROVIDERS IN THE HEALTH AND WELFARE OF THE HOMEBOUND CLIENT.

• ASSISTANCE WITH PROVIDING NUTRITION EDUCATION MATERIALS INTO THE HOME.
GUIDELINES FOR INTERVIEWING VOLUNTEERS

Carefully plan the interview

Careful planning should include the following:

1. Familiarity with the job description.
2. Probable line of advancement from the job to be filled.

Be flexible in your interviewing

Let the potential volunteer tell his story and express his ideas, then probe those areas that are important or that need fuller explanation. An unvarying interviewing routine dulls your perceptions and thwarts the volunteer applicant.

Be comprehensive in your interviewing

Make sure that you get all the information you need to determine an applicant's qualifications. Explore thoroughly his technical and social skills. Examine other traits listed in the job description not already determined, such as appearance, attitude, communication skills and enthusiasm.

Give information in addition to receiving it

To match the volunteer applicant appropriately to the job, you should do two things:

1. Thoroughly acquaint applicant with job duties and responsibilities so he can decide whether he can handle the assignment.
2. Ask whether he wants the job.

Record highlights of the interview

After the interview, especially if a number of volunteers are being interviewed, record the following:

1. Summary of the interview ending with a final assessment of the applicant's qualifications.
2. A graphic report on the volunteer's various traits and skills.
3. List of any unusual talents or hobbies which you might want for future reference.
I. HOW TO WRITE NEWS RELEASES FOR RECRUITING VOLUNTEERS

* Recruit a volunteer with a public relations background.
* Use human interest stories ("Can you make hamburgers and dish out ice cream for children's lunches?" Might bring better results than "Volunteer Cooks Needed.")
* Make news releases as personal as possible.
* State appeals to the public so individuals feel they are essential to the functioning of the program.
* Make job descriptions appealing and interesting.
* Be as brief as possible.
* Be honest, particularly about the time and training required to do the job.
* List a contact person who is easy to reach.

II. HOW TO BE MORE CREATIVE IN RECRUITING VOLUNTEERS

* Get all active volunteers involved in thinking up new methods for recruiting. Pool staff ideas.
* Use every available source—radio, television, newspapers, AND personal contacts.
* Use all community resources available and applicable.
* Offer stimulating, in-depth orientation sessions to any interested people.
* An outreach approach is to mail out a preference questionnaire to past clients, newcomers to the community, etc.
* Have a series of coffees and have current volunteers tell their story and inspire others to do likewise.
* Plan well and know what you are recruiting for!
* Develop attractive, creative materials.
* Try to think what would interest YOU in volunteering.
* Have an agency WORK DAY, and ask current volunteers to bring a friend to get to know the agency and the volunteers and staff.
* Always be enthusiastic in whatever approaches you use.

III. HOW TO CONTACT CLUBS AND SERVICE GROUPS

* Use attractive mail-outs followed by phone calls.
* Develop a "contact" within clubs and let that person work for you.
* Develop interesting presentations—most clubs are constantly looking for programs.
* Send an invitational letter to groups asking them to visit your office and view your program.
* When making presentations, take a volunteer along who can personally talk about the benefits of volunteering.

-over-
IV. HOW TO SEEK OTHER THAN THE "USUAL" VOLUNTEER

* Reach out to specific "unusual" groups such as carpenter unions, minority groups, sewing clubs, etc.
* Publicize special needs in newsletters that reach unions, senior citizens, etc.
* Utilize church bulletins and business and professional publications.
* Become knowledgeable about community resources, and try to work with all kinds of groups.
* Place attractive literature in doctors' offices, laundromats, grocery stores, etc.
* Develop specific jobs that will be attractive to non-traditional volunteers.

V. HOW TO GET MORE MEN INTERESTED IN DOING VOLUNTEER WORK

* Use men to recruit other men.
* Be organized and efficient with specific jobs in mind.
* Be business-like in approach.
* Have jobs that will be of interest to men.
* Recruit in private industries and businesses.
* Retired executives (both male and female) make excellent volunteers.
* Make sure your press releases don't end up on the Women's Page.
* Include in your presentations, information that documents the benefits your agency provides to the community.
* Don't overlook the fact that men can effectively be approached through human interest stories too!

VI. ADDITIONAL SUGGESTIONS

* The best volunteer recruiters are volunteers who were happy in your agency.
* People are attracted to programs that utilize positive, honest, enthusiastic appeals.
* Be interested in your volunteers and what makes them happy. Be flexible in matching volunteers to the right job.
* Don't over-recruit--Volunteers may lose interest if they have signed up to help you and there isn't a job for them.
* Recognize volunteers' efforts.
* Involve volunteers in policy setting sessions--make certain they feel they are an integral part of the agency.
* Assure potential volunteers they will be provided adequate training and supervision.
The right to be treated as a co-worker not as "just free help" nor as a "prima donna".

The right to a suitable assignment with consideration for personal preference, temperament, life experience, education, and employment background.

The right to training for the job thoughtfully planned and effectively presented.

The right to know as much about the agency as possible - its policies - its people - its programs.

The right to continuing education on the job - as a follow-up to the initial training, information about new developments, training for greater responsibility.

The right to sound guidance and direction, by someone who is experienced, well informed, patient and thoughtful, and has time to invest in giving guidance.

The right to promotion and a variety of experiences through advancement to assignments of more responsibility, through transfer from one activity to another or special project assignments.

The right to a place to work, in an orderly, designated place, conducive to work, worthy of the job to be done.

The right to be heard, to have a part in planning, to feel free to make suggestions, to have respect shown for an honest opinion.

The right to recognition in the form of promotion and awards through day by day expressions of appreciation and by treatment as a bona fide co-worker.
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SPOUSE'S NAME IF APPLICABLE
SAMPLE -- YOUR NUTRITION SITE MIGHT NEED DIFFERENT AGREEMENTS

[letterhead]

Agreement to Serve as the Nutrition Site’s Designated Representative for Accepting Food Delivery

Nutrition Service Provider

Address ___________________________________________ Phone __________

Designated Representative for Food Delivery

Address ___________________________________________ Phone __________

Location where meals will be delivered ___________________________________________

Expected time of food delivery ___________________________________________

Person to contact if problems are noted during delivery:

Name ___________________________________________ Phone __________

Tasks for accepting congregate food delivery:
- Record arrival time on delivery ticket
- Take and record temperature of each food item except for bread products, crackers, cake, fresh fruit, and fruit cobblers.
- Sign form and place in designated file.
- Ensure that food trays are placed in warming ovens on temperature control.

Tasks for receiving pre-plated home-delivered meals in insulated carriers:
- Record arrival time on delivery ticket.
- Ensure that carriers are in a secure environment until pick-up by volunteers.
- Place delivery tickets in pre-addressed envelopes and mail to Council on Aging by the last day of the month.

Signature ___________________________________________ Date _____

Agency Signature ___________________________________________ Date _____

The Council on Aging sincerely appreciates your contributions to the nutrition program.
What kind of nutrition program does your agency administer?

- Hot meals
- Frozen meals
- Shelf-stable meals
- Liquid nutritional supplement
- Additional meals

"More than a Meal"

- Nutrition screening and referrals
- Nutrition assessment and counseling
- Nutrition education and other programming
- Fellowship and activities
Tell us about your nutrition program!

➤ **Form DOA-150 - Provider Agency Information**
  - Basic contact information and agency type
  - Fields 12 through 16 tell us:
    - Number of facilities (by type) that host your congregate nutrition sites
    - How many days/week your nutrition program operates
    - Whether your nutrition program serves more than one meal/day

➤ **Form DOA-302 - Congregate Nutrition Sites**
  - Name and address of each site
  - Number of days/week each site serves meals
  - Type of facility in which each site is located
Department of Health and Human Services
NC DIVISION OF AGING AND ADULT SERVICES
Aging Resources Management System (ARMS)

FORMS INSTRUCTIONS

PROVIDER AGENCY INFORMATION DAAS-150

A. PURPOSE

Provider Agency information is collected each year and/or updated as needed in the ARMS system. This information must exist in ARMS before provider budgets or contract segments can be setup in ARMS and before service unit, consumer contributions, and non-unit reimbursement data, can process for reimbursement.

B. GENERAL INSTRUCTIONS

1. This form is completed for new aging service providers or Department of Social Services (DSS) providing services under Option B. The local service provider must have a contract with the AAA. This form is not applicable to subcontractors.

2. All new forms must be sent to the Division of Aging and Adult Services (DAAS). DAAS will enter the information in the ARMS system.

3. DSS should send the form to DAAS and maintain a copy for their files, if they are providing services under Option B.

C. SPECIFIC INSTRUCTIONS FOR EACH ITEM

1. TYPE OF INFORMATION: Indicate what action is being taken with this form. Check one item only. REQUIRED
   a. New - Check this item the first time this form is completed each contract year
   b. Change - Check this item when information which was previously submitted is being changed.

2. DATE: Enter the date the form is being completed. Enter a two (2) digit number to reflect the month and days. Precede one (1) digit months and days with a zero (0). Enter the four (4) digit year. REQUIRED

3. REGION: Enter the one (1) digit alpha or numeric character which identifies the region. REQUIRED

4. PROVIDER CODE: Leave the four (4) digit Provider Code field blank when submitting new information. The State ARMS Coordinator will assign a provider code. A provider code for a DSS will be identical to the county code with the region code preceding (example: A022). REQUIRED

5. CONTRACT YEAR: Enter the four (4) digit fiscal year. REQUIRED

6. AGENCY NAME: Enter the complete Agency Name. Spaces and dashes are allowed. If adequate spaces are not available, enter as much of the name as possible. Enter no more than one (1) letter per space. REQUIRED for new forms.
7. TELEPHONE: Enter the agency telephone number, include area code. REQUIRED
EXTENSION: OPTIONAL.
FAX NUMBER: Enter the agency FAX number, include area code. OPTIONAL.

8. AGENCY ADDRESS: Enter the Agency's mailing address. Spaces and dashes are allowed.
If adequate spaces are not available, enter as much of the address as possible. Enter no more
than one (1) letter per space. Address, City, State, and the first five (5) digits of the zip code
are REQUIRED.

9. CONTACT PERSON(S): Enter the first and last name and title of an agency contact person to
contact regarding the program and services. At least one contact person, title and a valid e-
mail address REQUIRED.

10. TYPE AGENCY: Check the type of agency which is applicable (Non-Profit, Profit, Public,
Minority). An agency cannot be Non-Profit and Profit, or Public and Profit, etc. But an agency
can be Non-Profit and Minority or Profit and Minority. Those not applicable should be left blank.
At least one agency type is REQUIRED.

11. TYPE SERVICES PROVIDED: Check all types of services provided by the agency which are
funded by DAAs administered funds. If your agency provides supportive services only, do not
complete the remainder of the form. All items can be checked as appropriate. At least one
service type is REQUIRED.

12. NUMBER OF FACILITIES BY TYPE: The Number of Facilities by Type for providers of
Congregate Nutrition ONLY. Indicate the number of facilities your agency operates by type.
Those not applicable should be left blank. At least one (1) type must have a number greater
than zero (0).

13. CONGREGATE - NUMBER OF DAYS SERVING: Indicate the number of days serving per-
week. This is REQUIRED for providers of Congregate Nutrition.

14. SERVING MORE THAN ONE MEAL PER DAY: Indicate whether the agency serves more than
one (1) meal per-day. Check YES if the agency habitually serves more than one (1) meal per-
day and NO if it does not. This is REQUIRED for providers of Congregate Nutrition.

15. HOME DELIVERED MEALS - NUMBER OF DAYS DELIVERING: Indicate the number of
days the agency normally provides Home Delivered Meals per-week. This is REQUIRED for
providers of Home Delivered Meals.

16. DELIVERING MORE THAN ONE MEAL PER DAY: Indicate if more than one (1) Home
Delivered Meal is delivered per day per person by checking YES or NO. This is REQUIRED for
providers of Home Delivered Meals.
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF AGING AND ADULT SERVICES
PROVIDER AGENCY INFORMATION

1. TYPE OF INFORMATION  2. DATE  3. REGION  4. PROVIDER CODE  5. CONTRACT YEAR
Check only one
☐ 1 NEW
☐ 2 CHANGE

6. AGENCY NAME

7. TELEPHONE

8. AGENCY ADDRESS

FAX NUMBER
(optional)

CITY

STATE

ZIF CODE

9. CONTACT PERSON(S) FOR AGING SERVICES

NAME

NAME

NAME

E-MAIL ADDRESS

10. TYPE AGENCY
Check all applicable

1. Non-Profit
2. Profit
3. Public
4. *Minority

11. TYPE SERVICES PROVIDED
Check all applicable

Supportive
Nutrition-Congregate
Nutrition-Home Delivered

FOR NUTRITION PROVIDERS ONLY

12. Providers of Congregate Nutrition Service, only - indicate the number of facilities by type:
☐ Senior Center
☐ Operating School
☐ Restaurant
☐ Community Center
☐ Religious
☐ Public or Low Rent Housing
☐ All Others

13. CONGREGATE - NUMBER OF DAYS SERVING

| 7 | 6 | 5 | 4 | 3 | 2 | 1 |

14. Serving More than One (1) Meal Per Day
- Yes ☐ - No ☐

15. HOME DELIVERED MEALS - NUMBER OF DAYS DELIVERING

| 7 | 6 | 5 | 4 | 3 | 2 | 1 |

16. Serving More than One (1) Meal Per Day
- Yes ☐ - No ☐

*Minority Provider - An organization or business concern that is: (a) at least 51 percent owned by one or more individuals who are either an African American, Hispanic origin, American Indian/Native Alaskan/Native Hawaiian, Asian American/Pacific Islander minority, or a publicly owned business having at least 51 percent of its stock owned by one or more minority individuals (or is governed by a board consisting of at least 51% minority individuals in the case of a private non-profit); and (b) has its management and daily business controlled by one or more minority individuals.

NOTE: This form is not applicable to subcontractors of provider agencies.

DAAS-150 (Rev. 2/9/2007)
NC DIVISION OF AGING AND ADULT SERVICES AND  
NC AREA AGENCIES ON AGING  
NUTRITION SERVICES ASSESSMENT TOOL

Attachment A:  
Congregate Nutrition Site Review

Attachment A must be on file for each nutrition site and available for review by the AAA during the assessment process.

Name of Nutrition Site: ________________________________

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The site is located to be accessible to people eligible for services and targeted by the Older Americans Act.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>The site is an attractive facility where all eligible persons feel free to visit and where their cultural and ethnic background will not be offended.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The site has at least 12-14 square feet per person excluding halls, bathrooms, and kitchen areas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>The site has an adequate number of sturdy tables for the number of individuals on the attendance roll and chairs appropriate for older adults.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The site has at least one table surrounded by adequate aisle space (3 ft. 8 in.) to allow for persons with canes, walkers, crutches, or wheelchairs to move with ease. When necessary, this table shall be of sufficient height (2 ft. 6 in.) to permit persons in fixed arm wheelchairs to dine comfortably.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>The site has at least 2 exits which are unlocked during hours of operation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Emergency and evacuation plans are posted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Visible, usable fire extinguishers are in-place, and instructions for use are posted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>The site is heated during colder months to at least 72 degrees Fahrenheit while participants are present.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>The approved menus are posted in both the congregate serving area and the meal preparation area of the site.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>A calendar of activities and programs is posted at the beginning of each month.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>A current permit from the Health Department is posted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>The site has a system for voluntary, confidential donations by participants.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Parking is available.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>The site has a safe and appropriate place to mount and dismount from vans or other group transportation vehicles.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of provider staff who completed form: ________________________________

Title: ________________________________ Date form completed: ________________________________

Signature: ________________________________
What must be posted at the Nutrition Site

- Health Department Inspection
- Grade Report
- Certified Menu
- Emergency Plan
- Voluntary Contributions Poster
- Activity Schedule
|------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
IN CASE OF A NATURAL DISASTER

In the event of a natural disaster at the nutrition site, follow the steps below:

TOR NADO:

1. Urge clients to remain calm.
2. Stay away from all outside windows.
3. Move all clients into interior hallway or bathroom.
4. Instruct clients to kneel and cover their heads.
5. DO NOT leave the interior of the building until you are CERTAIN conditions are safe.

FIRE:

1. Urge clients to remain calm.
2. Follow emergency evacuation plan.
3. Once outside, make sure all clients are accounted for.
4. If practical, use fire extinguisher as trained. In all cases, call 911.
For Aging Service Providers
How to Keep Your Act Together During a Disaster Warning or Actual Event

1. Make loose leaf Disaster Notebook for agency disaster coordinator or program manager plus at least one copy for other back-up staff person(s).

2. Keep notebook in your office—make sure all staff knows the location; keep a copy at home or in your car

Suggested Information for Disaster Notebook

- Copy of agency disaster plan

- List of agency personnel: home/cell phone numbers; street/e-mail addresses; disaster job responsibilities (include alternate)

- List of AAA personnel: office/home/cell phone numbers; street/e-mail addresses; disaster job responsibilities

- List of Division of Aging disaster coordinator and back-up staff: office/home/cell phone numbers; State Emergency Operations Center phone numbers; e-mail addresses.

- List of key volunteers with pre-planned disaster job responsibilities: office/home/cell phone numbers; street/e-mail addresses disaster job responsibilities

- List of key vendors, contact information, pre-planned disaster agreement for service or goods.

- Contacts for local Emergency Management; American Red Cross chapter; key service agencies; volunteer/civic groups; agency (ies) in neighboring counties providing services similar to your agency’s. Include any disaster response agreements with organizations.

- Client and/or Special Needs Registry information (treated as confidential).

- Checklist of things to do before leaving the office when there is time after a warning.

- Checklist of items to take should conditions prevent returning to your office for a while:

  - Disasters manuals, instructions, lists, etc.
  - Contracts, sub-contracts, and vendor contact information
  - Resource directories
  - Property deeds and titles
  - Insurance policies
  - General ledger, accounts receivable and accounts payable
  - Invoices, receipts, agency checkbook
  - Office supplies
  - Intake form or disaster services tracking form

Prepared by N.C. Division of Aging, Raleigh, NC 9/03
c:\word\disaster\how to keep...:\doc
Local Aging Service Provider Disaster Plans
Points to Address

Plans should be adequate for both short- and long-term events lasting from a few
days to several months (up to a year or longer for a major event).

1. Designate a Disaster Coordinator; include duties in their job description if possible.

2. Outline a procedure for helping clients AND any other older adult with special needs to be
placed on a special needs registry in the event of a disaster. (Coordinate special needs
registration process with your agency, county emergency management office and/or other
county human services programs).

3. Outline a procedure for staff and/or volunteers, 
*after first assuring their own and their
family’s safety*, to report to work to resume operations and service delivery as soon as
possible; and to assist older disaster victims before, during or after a disaster. Aging
service provider staff are greatly needed after a disaster to advocate for and assist older
victims in many capacities. Staff should be considered *essential personnel*, particularly
providers of essential services such as meals, in home aide, transportation, home repair,
adult day care, and information and assistance.

4. Provide personal disaster preparedness training for staff, volunteers, older adults and
their families. In general, individuals and families should be prepared to be self-sufficient
(food, water, shelter, medications, transportation, etc.) without emergency assistance for at
least 72 hours following a disaster. Staff can better assist others if they feel secure about
meeting their own needs and those of their families. The American Red Cross and local
emergency management office are good resources for disaster preparedness training and
materials.

5. Outline a procedure for "call-downs"—contacting all at-risk clients and other known older
adults at-risk, on a priority basis, before and after a disaster, and reporting any unresolved
problems to emergency officials.

6. Outline follow-up procedures for older adults identified with needs, including procedures
to distribute water, extra meals, and other essentials, and assist with needs of in-home aid
clients before and after a disaster.

7. Outline a post-disaster procedure for receiving referrals and conducting community
outreach to identify older adults other than clients needing emergency assistance.

8. Outline specific procedures and coordinate with emergency officials to assign staff or
volunteers to shelters, Emergency Operations Center, FEMA Disaster Recovery Center,
and other disaster assistance sites to assist and pro-actively advocate for older adults with
emergency officials. This is critical to ensure that specialized outreach and assistance are
provided. Older adults are often missed or have difficulty accessing disaster assistance.

9. Outline a procedure to ensure that the AAA/DOA and local emergency officials are
notified ASAP and kept updated about older adults affected, resources of your agency, and
resources needed. Outline a procedure with your agency, the AAA and/or the local
emergency management office to assure that your agency will regularly receive updates
about local issues, disaster resources and programs before and after an event.

Prepared by: Judy Smith, N.C. Division of Aging, C.B. 20531, Raleigh, NC 27626-0531 7/00
c:\word\points to address...doc
FIRE DRILL REPORT FORM

Place: ___________________________ Date: ______________________

Time: ___________________________

Number of Persons Involved: ________________

Location of fire:

____________________________________________________________________

____________________________________________________________________

Length of time taken for evacuation: ______________________________

____________________________________________________________________

Other comments or recommendations: ________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Signature of Responsible Person: _________________________________

Date: ______________________

Signature of Agency Representative: ______________________________

Date: ______________________


**County Fire Marshal**

**FIRE INSPECTION REPORT**

For: Mark Rovan

Date: 2-4-99

Name: Tabor City Senior Care

Phone: 653-3063

Address: 110 Lindell Morris Rd.

Occupancy Type: Assembly

Building Owner: TC Parker & Associates

Address: 

I have read and understand that these violations must be corrected within the time limits specified below or show cause why I should not be required to do so.

<table>
<thead>
<tr>
<th>Device Type</th>
<th>Life Safety</th>
<th>Electrical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguishers?</td>
<td>Exit doors operational?</td>
<td>Breaker panel</td>
</tr>
<tr>
<td>Properly located?</td>
<td>Exit doors swing outward?</td>
<td>Fuse Box</td>
</tr>
<tr>
<td>Service date</td>
<td>Exitways clear?</td>
<td>Open spaces</td>
</tr>
<tr>
<td>M. date</td>
<td>Panic hardware operative?</td>
<td>Over-heated?</td>
</tr>
<tr>
<td>Static tested?</td>
<td>Exits marked?</td>
<td>Switches/Receptacles</td>
</tr>
<tr>
<td>M. date</td>
<td>EXIT lights? Acceptable?</td>
<td>Properly mounted?</td>
</tr>
<tr>
<td>Stinkler system?</td>
<td></td>
<td>Covers intact?</td>
</tr>
<tr>
<td>Service date</td>
<td>Type: Hard-wired</td>
<td>Exposed wiring?</td>
</tr>
<tr>
<td>D. Connection OK?</td>
<td>Battery pack</td>
<td>Drop-cords?</td>
</tr>
<tr>
<td>Sticker valve open?</td>
<td>Emergency Lights?</td>
<td>Panels/Boxes all</td>
</tr>
<tr>
<td>Stare heads &amp; tongs?</td>
<td>All operative?</td>
<td></td>
</tr>
</tbody>
</table>
easily accessible?          |
| Stater system operative |                      |                              |
| Service date         |                              |                              |

FIRE STATIONS NOTED: No Violations Found.
LUMBER RIVER AREA AGENCY ON AGING

CONGREGATE NUTRITION

LEFT OVER FOOD POLICY

As mandated by our state office, Division of Aging, in Raleigh a left over food policy is required for the Older Adults Congregate Nutrition Program. The following procedures for handling left over food for this agency is as follows:

1. Uneaten food served to an individual may be taken home by the individual to whom the food was originally served.

2. You may not take home food that was served to another participant. THERE ARE NO EXCEPTIONS!!

3. No containers, bags or food trays that are used in the congregate or home delivered meals program may be used to take home left over food.

IF PERISHABLE UNEATEN FOODS ARE TAKE FROM A NUTRITION SITE BY A CLIENT IT WILL BE AT HIS/HER OWN RISK.
CABARRUS MEALS ON WHEELS
CONTRACT FOR DELIVERY OF MEALS ON WHEELS

Cabarrus Meals On Wheels, Inc. is a local, non-profit United Way service agency established in 1974 for the purpose of delivering a nutritionally balanced, hot meal to homebound individuals in Cabarrus County determined to be in need of this service to enable them to remain independent in their own homes.

It is a community-aided organization that depends totally upon local volunteers and human resources in delivering meals and relies heavily upon financial assistance from religious and private sources in Cabarrus County.

The fee for meal services is based on a sliding scale according to income.

Service is extended to those persons who meet the eligibility requirements. Information provided by the client on the application form, along with statement from the client’s physician, is the basis for determining eligibility. The client is expected to use any and all sources available (e.g., family members, church, government and community resources) to establish the basis on which charges are made for Meals on Wheels meals. Recipients are reviewed periodically to determine continued eligibility.

DELIVERIES: Volunteers deliver the meals between 10:30 – 1:00, Monday through Friday. Please be WATCHING AND READY for your delivery. After accepting the meal you assume the responsibility for proper handling and storage. Call the office if you do not receive a meal by 1:00.

CANCELLATIONS: If you won’t be home for a delivery, you must call the MOW office THE DAY BEFORE BY 12:00 NOON. A meal will not be left unattended; however you may have someone accept it for you, or you can leave a cooler out. *THE COOLER MUST HAVE EITHER ICE OR A COLD ICE PACK IN IT.

- TO RECEIVE CREDIT FOR A CANCELLED MEAL, YOU MUST CALL THE OFFICE BY 12:00 NOON THE BUSINESS DAY BEFORE THE DAY YOU DON’T WANT TO RECEIVE A MEAL.

- IF YOUR MEALS ARE SPONSORED AND YOU DO NOT ADVISE THE MOW OFFICE THAT YOU WILL BE AWAY DURING DELIVERY, YOU COULD RISK LOSING YOUR SPONSORSHIP.

- You will be charged $3.00 for any meals that are sent out and you are not home.
HOSPITALIZATION OR EXTENDED ABSENCE

If you are hospitalized or if you are away for any reason, your meal space will be held for THREE WEEKS. At the end of this period the space will be used for the next waiting person and your name will be placed on the waiting list.

PAYMENT:

Your meal price is based on your income. You, your P.O.A. or your sponsor will be billed for the service the first week of each month.

**Fees must be paid by the 15th of the month to avoid suspension of service.**

Contact the MOW office if you, your P.O.A., or your sponsor will be unable to make a payment. **DO NOT IGNORE THE BILL.** If the bill is not paid and response is not made to inquiries by the office, meal service will be suspended. Your payments are to be mailed to the office. **VOLUNTEERS CANNOT ACCEPT ANY PAYMENTS.**

HOLIDAYS:

Meals are **not** delivered on the following days: New Year’s Day, Good Friday, Memorial Day, July 4th, Labor Day, Thanksgiving Day and the Friday after, Christmas Eve Day, and Christmas Day.

SERVICE:

**We cannot cater to individual likes and dislikes.** The meals are balanced to give you the various nutrients your body requires. Therefore, we suggest that if certain foods are not your favorites; try to eat them, or at least part of them.

I certify that the information given to determine my eligibility is true and understand that misrepresentation may be grounds for cancellation of service.

I agree to disclose to MOW any health condition, diagnosis and/or other information which may affect my safety or the safety of the volunteers and staff who will be working with me.

I grant permission to MOW to contact my physician for health information and recommendations. This information may be shared with volunteers and staff on a need-to-know basis.

I understand that any request for assistance in paying for meals will require verification of income and expenses.

**Please report any changes in your health, living situation, address, phone number or your emergency contact number.**

________________________  ____________  ______________________
Signature of Applicant/Guardian  Date  Signature of Case Manager
Dear,

Home Delivered Meals are available for homebound senior adults 60 years or older.

Your recent re-assessment for the Home Delivered Meals program has been reviewed and the findings are that currently you no longer meet the eligibility criteria for meals because:

--- You are no longer the primary caregiver for a homebound adult older than 60 years of age.
--- You are able to go from the home for reason other than medical.
--- You are receiving other services that can provide/prepare a meal.
--- You have someone in the home that can prepare a meal.
--- Excessive no show. Please see signed unexplained absence policy.
--- Exceeding long hold period.

As a result of this conclusion your homebound meals will be terminated as of ...., 2015

Enclosed is a list of programs that provide nutritious food at low cost to you for which there are no eligibility requirements. If interested, please call the location closest to you to discuss the possibilities. We also offer a congregate meal Monday through Friday here at the New Hanover County Senior Resource Center beginning at 11:30 am. If you would like to participate in that meal, please come by the N.H.C. Senior Resource Center and speak to the Congregate Meals Site Coordinator to register. Transportation to congregate meals may be provided by calling 910-798-6401.

If your circumstance should change and you would like to be reconsidered for Home Delivered Meals or if you should have any questions, please contact me at 910-798-6443. I attempted to call you to discuss and the phone rings continuously.

Thank you for your cooperation.

Sincerely,

Jean Wall
Social Worker, 798-6443
Life Enrichment Program

Local Programs that provide food assistance:
**Mother Hubbard’s Cupboard**  
313 N 5th Avenue  
Wilmington, NC 28401  
910-762-2199

**Carolina Beach Help Center**  
Carolina Beach Recreation Center  
1121B North Lake Park Boulevard  
Carolina Beach, NC  
910-458-7416

**The Food Bank of Central & Eastern NC at Wilmington**  
1314 Marstellar Street  
Wilmington, NC 28401  
910-251-1465

**Angel Food Ministries**

<table>
<thead>
<tr>
<th>St. Paul’s United Methodist Church</th>
<th>Believer’s Destiny Church</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 North 3rd Street</td>
<td>1217 North Kerr Avenue</td>
</tr>
<tr>
<td>Carolina Beach, NC</td>
<td>Wilmington, NC</td>
</tr>
<tr>
<td>910-524-4145</td>
<td>910-508-8487</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cape Fear Christian Church</th>
<th>Harbor United Methodist Church</th>
</tr>
</thead>
<tbody>
<tr>
<td>811 North College Road</td>
<td>4853 Masonboro Loop Road</td>
</tr>
<tr>
<td>Wilmington, NC</td>
<td>Wilmington, NC</td>
</tr>
<tr>
<td>910-399-7131</td>
<td>910-452-7202 (x511)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Living Water Ministries</th>
<th>Lutheran Church of Reconciliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>141 Middle Sound Loop Road</td>
<td>7500 Market Street</td>
</tr>
<tr>
<td>Wilmington, NC</td>
<td>Wilmington, NC</td>
</tr>
<tr>
<td>910-799-4327</td>
<td>910-686-4742</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Macedonia Missionary Baptist Church</th>
<th>Northside Baptist Church</th>
</tr>
</thead>
<tbody>
<tr>
<td>3701 Princess Place Drive</td>
<td>2501 North College Road</td>
</tr>
<tr>
<td>Wilmington, NC</td>
<td>Wilmington, NC</td>
</tr>
<tr>
<td>910-297-9715</td>
<td>910-791-6053</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>St. Andrews AME Zion Church</th>
<th>Christ First Christian Ministry</th>
</tr>
</thead>
<tbody>
<tr>
<td>1201 South 9th Street</td>
<td>17808 NC Highway 210</td>
</tr>
<tr>
<td>Wilmington, NC</td>
<td>Rocky Point, NC</td>
</tr>
<tr>
<td>910-343-8408</td>
<td>910-675-0966</td>
</tr>
</tbody>
</table>
Home Delivered Meals
Policy for Termination of Services

The following policy will be reviewed with each new participant, and proper documentation will follow each instance of using this policy:

- A participant who is persistently rude, exhibits inappropriate behavior, is not home to receive their meal, and does not cancel by giving twenty-four (24) hours notice (by sending word with the volunteer or phoning the agency) will be counseled by the Nutrition Manager the first time.

- If the problem continues, the Nutrition Manager, the Center Director, and/or the Executive Director will talk with the participant. In some cases a family member may be asked to come in for a consultation.

- Should the problem persist, the participant will be suspended. The length of suspension shall be at the discretion of the agency personnel and suspensions will occur in increments of one week intervals.

- A participant must restrain any pets posing a threat to the safety of the volunteer. Failure to do so will cause immediate suspension of meals.
!!! You Missed Us !!!

- We did not get an answer when we came to deliver your meal today.
- Public Health Laws prohibit us from leaving the meal.
- We will try to contact you or your emergency contact by phone.
- A meal will not be ordered for the following day.
- To get back on the meal schedule call 704-873-5171, ask to speak to Joyce.
- Per our new policy: After missing a meal 3 times you will receive a bill for the missed meals.

IREDELL COUNCIL ON AGING
HOME DELIVERED MEAL PROGRAM
Proposed

Council On Aging ‘Meals Un-served’ Policy: Effective 7/15/13

When a meal delivery is made and the participant is not at home, a door hanger flier will be left by the volunteer for the participant. The flier gives a phone number for participant to contact regarding their absence.

The Nutrition Coordinator will follow up with a call to the participant to inquire about absence or contact the emergency number for client.

A meal will not be ordered until we hear from them or a family member.

If this happens 3 times, the participant will be sent a bill for the missed meals. If the bill is not paid the client will be dropped from the program.
Procedures to Open or Relocate a Congregate Nutrition Site

The Piedmont Triad Regional Council Area Agency on Aging (PTRC AAA) must be notified when a funded entity plans to open or relocate a congregate nutrition site. Before the approval process begins, the PTRC AAA staff must conduct a site visit of the proposed congregate nutrition site to complete a visual inspection. If written approval is given to proceed, the funded entity must complete and submit to the PTRC AAA:

- "Request to Open or Relocate a Congregate Nutrition Site" form.
- Total estimated cost to rehab any prospective congregate nutrition site in order that it conforms "to all applicable fire code, building code, and sanitation code requirements of state and local government" (NC Nutrition Service Standards, p. 34). The funding source(s) that will be used to rehab the site must be identified and a budget must be submitted.

After the two documents referenced above are received, the PTRC AAA can grant conditional approval to proceed with the process to open or relocate a congregate nutrition site.

Final approval from the PTRC AAA must be received in writing before the site may open. Consideration for final approval will be made when the following information is received in writing to the PTRC AAA Director:

- Notification of the opening date of the congregate nutrition site.
- A letter of agreement between the service provider operating the congregate nutrition site and the facility where the congregate nutrition site will be located. The following information must be in this agreement: dates of the agreement period, days and hours the facility is available and costs to be incurred by the project (utilities, rent, garbage service, cleaning, etc.).
- A completed, signed, and dated Attachment A, "Congregate Nutrition Site Review".
- A copy of the health inspection performed by the local environmental health department. A Grade "A" must be obtained.
- A copy of the fire inspection report or letter indicating approval by the local fire official.

When the PTRC AAA has received all the required documentation, a final site inspection will be made. A final decision will be made in writing.
Request to Open or Relocate a Congregate Nutrition Site

Funded Entity:  
Date Submitted:  
Name of Proposed Site:  
Street Address:  
County:  
Anticipated Opening Date:  
If relocating, name of present site:  
Explain why the relocation is necessary:  

1. Cite source of funding for nutrition site director and number of paid hours of work per day:  

2. Project for the first six-month period of opening or relocating this site, the number of meals to be served daily. Average for the six-month period should be 25 or more meals daily.

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Meals Served</th>
<th>Number of Home-delivered meals served (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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3. Describe how facility meets ADA requirements:  

4. Describe how facility does NOT meet ADA requirements:  

5. Give days and times the site will be open:  

6. The time the meal will be served:  

7. Describe location of site, township, population statistics, etc.:  
8. Percentage of prospective participants who will:
   Walk: ____
   Provide own transportation or carpool with others: ____
   Will require transportation: _____. Describe how transportation will be provided, who will
   provide it, and funding source(s) for transportation costs: ____

9. If relocating a site, what percentage of those now being served at the current site are projected
to continue to be served at the new site or other existing site: ____

10. Have you informed current Congregate Meal site participants of any changes to occur as a result
    of the new location? ____

11. Have you informed the Board of County Commissioners of your intent to open or relocate
    congregate meal site? ____

You may attach any other pertinent documentation to this request.

This request must be submitted to the Piedmont Triad Regional Council Area Agency on Aging
   to obtain conditional approval to proceed with the process
   to open or relocate a congregate nutrition site.

Supervisor of Nutrition Program Director:

Printed name ____________________________ Signature ____________________________ Date

Nutrition Program Director Signature:

Printed name ____________________________ Signature ____________________________ Date
What is the ARMS System?

The Aging Resources Management System (ARMS) is a client tracking system for demographic data and service utilization & a reimbursement system that ties reimbursement to performance [meal delivery].

You must be an authorized user to access the ARMS System.
For more information, contact your AAA or contact Linda Owens, linda.owens@dhhs.nc.gov, 919-855-3449.

Important:
Entering client and meal information into ARMS is how your agency gets paid.
Reimbursement = Eligible Meals + Eligible Clients

Be careful that the information on the Client Registration Form is accurate, especially the last 4 digits of the Social Security Number, and updated. Every client should have only one client record in ARMS, regardless of how many providers serve that client.
It’s important that we be able to track # of “unduplicated clients”.

➢ ARMS offers many management reports to assist your agency in tracking clients and services:
  - Client Master Lists
  - Client Demographics
  - Client Waiting Lists
  - Units of Service Verification Reports
  - Cumulative Unduplicated Persons Served Report
  - Financial Reports

Several of these reports can be organized so that information is more useful for tracking services. For example, a different Site/Route/Worker (SRW) code can be assigned for each nutrition site or by home-delivered nutrition route managed by your agency.

➢ Form DOA 302 is a form that provides location information for congregate nutrition sites. A list may be printed from ARMS under Reports — Verification Reports — ZGA-301.

Revised 4/2010
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<thead>
<tr>
<th>Service Name</th>
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| Family Information (810)            |      |             | Personal emergency alarm systems       | 856  | 8           |
| Community/Program Planning          | 811  | 8           | Incontinence Supplies                   | 857  | 8           |
| Information & Educational Programs  | 812  | 8           | Telephone reassurance                   | 858  | 8           |
| Program Promotion                   | 814  | 8           | Liquid nutritional supplements          | 859  | 8           |

| Family Access (820)                 |      |             | Home Delivered Meals (temporary)       | 860  | 8           |
| Community/Program Planning          | 821  | 8           | Legal assistance                       | 861  | 8           |
| Information & Assistance            | 822  | 8           | Other                                  | 862  | 8           |
| Care Management                     | 823  | 8           | Transportation                         | 863  | 8           |
| Develop caregiver emergency plan     | 824  | 8           | Congregate Meals                       | 864  | 8           |

| Project Care State                  |      |             |                                      |      |             |
| Care Management                     | 718  | 19          | Information & Referral               | 720  | 19          |

FUND SOURCE CODES

1=HCCBG  2=Legal  3=Senior Center Outreach  4=Disease Prevention/ Health Promotion  5=Senior Center General Purpose Fund  6=Family Caregiver  7=Project Care-State

Effective – July 1, 2016
## Reimbursement Reports

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<td>Provider Reimbursement Report - IIDD/Health Promotion 90%</td>
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<td>Regional Summary All Categories</td>
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### Verification Reports (Not designed to match Reimbursement Reports)

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### Financial Reports

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<td>31</td>
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</tbody>
</table>
ARMS

Clients must be registered for services in the statewide information system called Aging Resources Management System (ARMS).

Instructions for registering clients on the New Client Registration Form (DAAS-101) are found on the DAAS website at http://www.ncdhhs.gov/aging/arms/armsforms.htm as well as behind Tab 2 of this Nutrition Orientation notebook.

The web page also has links to downloadable DAAS-101 Forms:

DAAS 101-Short Form for Congregate and Transportation

DAAS 101-Long Form for Home-delivered Nutrition

The Long Form is the basic Client Registration Form (CRF) for all HCCBG and FCSP services.* Use the Long Form when registering clients for multiple services that require more information than the Short Form, which is applicable only to congregate and transportation services.

Remember to update all client information regularly!

Thank you.

* HCCBG = Home and Community Care Block Grant; FCSP = Family Caregiver Support Program
Client Registration Form (DAAS 101) Instructions

Effective Date: July 1, 2006.
Last Update: August 16, 2006
Client Registration Form (DAAS 101) Instructions

A. Purpose

The purpose of the Client Registration Form (DAAS 101) is to collect and record client registration data and changes in client information and service status that will be entered into the Division of Aging and Adult Services' Aging Reporting Management System (ARMS). Complete and accurate client information will provide valuable reports, reimbursement information, and outcome measures at the state and local level.

B. General Instructions

1. The Client Registration Form (DAAS 101) is to be completed by all service providers for each client who receives certain services funded by the Division of Aging and Adult Services (DAAS) under the Home and Community Care Block Grant (HCCBG) and the Family Caregiver Support Program (FCSP). Departments of Social Services who provide in-home aide, adult day care, adult day health care, or housing and home improvement with HCCBG funding are to complete DAAS 101 and the DSS 5027. Departments of Social Services should continue to follow current procedures for the DSS 5027.

2. The DAAS 101 must be completed at the time of the client's first contact with the provider agency with the intent to receive services. Service requests that have a waiting list must complete Section I only.

3. Information in the client record must be updated at least every 12 months, except for home-delivered meal clients who are updated every six months. When there are changes to record, a blank DAAS 101 should be completed. If there are no changes, space is provided at the end of the form to document the date that the information was reviewed with the client.

4. Providers are responsible for keying their own data through direct access to the ARMS via the Internet. The DAAS 101 is keyed directly on-line in the ARMS. The Division of Aging and Adult Services will receive all client data by 5:00 p.m. on or before the 11th calendar day of each month. The ARMS Client Database will be updated on the 12th calendar day of each month. The ARMS deadline schedule is posted at http://www.dhhs.state.nc.us/aging/arms/armspage.htm

5. Once a client is entered into the system by means of a Client Registration Form, any provider may report changes or units of service for the client. There is only one client record per client, regardless of the number of providers serving a client.
Section 1: Required for all clients

This Short Form of the DAAS-101 Client Registration Form may only be used to register congregate meal and transportation clients. Complete all applicable information below:

- HCCBG congregate nutrition (180), NSIP-only congregate meals (181), congregate liquid nutritional supplement (182) – complete Sections I, II, and VII only.
- HCCBG general (250) or medical (033) transportation – complete Sections I and VII only.

### Service Code(s):  
Region Code:  
Provider Code:  

### 1. Client Status:  
Check the appropriate box(es). Enter the date of client status change.

- New Registration/Activate (Date: ________________)
- Waiting for Service (complete Section I only): (Date: ________________)
  Enter waiting for service codes: ________________ ________________ ________________
- Change of information (Date: ________________)
  (Complete Section 1 – Items 2, 4, 5, plus the information that needs to be changed)
- Inactive (Date client made inactive and not expected to return: ________________)

Enter reason for making client inactive. Make a client inactive only if the person is thought to be permanently leaving the service system. Indicate the reason for making the client inactive below. If the client is a caregiver receiving FCSP or Project C.A.R.E. services and the reason for making the client inactive relates more to the care recipient’s status, check the box for “Care Recipient.”

Reason for making client inactive applies to:  
Client/Caregiver □ OR Care Recipient □

- Moved to adult care home/assisted living □
- Moved out of service area □
- Alternative living arrangement □
- Improved function/Need eliminated □
- Death □
- Illness (not expected to return) □
- Nursing home placement □
- Other (Specify): ________________

### 2. Legal Name

- First Name: ________________
- Last Name: ________________
- MI: ________________
- Suffix: ________________

Not for data entry – name person likes to be called, if different from legal name on SS card:

5. Date of Birth

### 3. Street Address

- Mailing Address □ Same as street address □ No phone

City: ________________  
State: ________________  
Zip: ________________  
County: ________________

### 7. Sex (check one)

- Female □
- Male □

### 8. At or Below Poverty Level? (check one)

- Yes □
- No □

### 9. Marital Status (check one)

- Single (never married) □
- Married □
- Single (divorced/widowed) □
- Refused to answer □

### 10. Household Size (check one)

- Lives alone □
- Group/shared home □
- 2 in home □
- 3 or more in home □

### 11. Race

Check the one race with which client most identifies:

- Black or African-American □
- Asian □
- American Indian or Alaska Native □
- White □
- Native Hawaiian or other Pacific Islander □
- Unknown/refused □

Check all that apply:

- Other □

### 12. Ethnicity (Are you of Hispanic or Latino origin?)

- Not Hispanic or Latino □
- Hispanic Puerto Rican □
- Hispanic Cuban □
- Hispanic Mexican American □
- Hispanic Other □

### 13. Primary language spoken in the home:

(see 30 language options in CRF instructions manual)

### 14. Client's Overall Functional Status:

- Well □
- At risk □
- High risk □

Enter the client's self-reported overall functional status here. If the client receives other services in addition to congregate nutrition and transportation, use the DAAS-101 Long Form to register the client and complete section IV to report functional status.

Name of Emergency Contact: ________________

Day phone no.: ________________  
Evening phone no.: ________________

□ Refused to provide emergency contact information

DAAS-101 (revised effective 8-8-2012)
Section II: Required only for congregate meals, congregate liquid nutritional supplement, or NSIP-only congregate meals.

15. Nutrition Health Score

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Refused to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Do you have an illness or condition that made you change the kind and/or amount of food you eat?</td>
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<tr>
<td>b. How many meals do you eat per day?</td>
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<tr>
<td>c. How many servings of fruit per day?</td>
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<tr>
<td>d. How many servings of vegetables per day?</td>
<td></td>
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<tr>
<td>e. How many servings of milk/dairy products per day?</td>
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<tr>
<td>f. How many drinks of beer, liquor, or wine do you have every day or almost every day?</td>
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<td>g. Do you have tooth/mouth problems that make it hard for you to eat?</td>
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<tr>
<td>h. Do you always have enough money or food stamps to buy the food you need?</td>
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<tr>
<td>i. How many meals do you eat alone daily?</td>
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<tr>
<td>j. How many prescribed drugs do you take per day?</td>
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<td>k. How many over-the-counter drugs do you take per day?</td>
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<tr>
<td>l. Have you lost 10 or more pounds in the past 6 months without trying?</td>
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<tr>
<td>m. Have you gained 10 or more pounds in the past 6 months without trying?</td>
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<tr>
<td>n. Are you physically able to shop for yourself?</td>
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<tr>
<td>o. Are you physically able to cook for yourself?</td>
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<tr>
<td>p. Are you physically able to feed yourself?</td>
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Section VII: REQUIRED FOR ALL CLIENTS

I, the client, understand that the information contained on this form will be kept confidential unless disclosure is required by court order or for authorized federal, state or local program reporting and monitoring. I understand that any entitlement I may have to Social Security benefits or other federal or state sponsored benefits shall not be affected by the provision of the aforementioned information. My signature authorizes the providing agency to begin the service(s) requested.

DATE: __________________________  CLIENT SIGNATURE: __________________________

DATE: __________________________  AGENCY EMPLOYEE SIGNATURE: __________________________

Provider Use Only – initial below if no changes:

Registration Update / / / Staff Initials
Registration Update / / / Staff Initials
Registration Update / / / Staff Initials

Provider Use Only – initial below if no changes:

Registration Update / / / Staff Initials
Registration Update / / / Staff Initials
Registration Update / / / Staff Initials
Registration Update / / / Staff Initials
### Section I: Required for all clients

**Service Code(s):** Complete all sections of this form identified for the applicable service codes.
- HCCBG congregate nutrition (180), NSIP-only congregate meals (181), congregate liquid nutritional supplement (182) — complete Sections I, II, and VII only.
- HCCBG general (250) or medical (033) transportation — complete Sections I and VII only.
- Family Caregiver Support Program (all codes in 826, 830, 840, 850 except 821, 822, 831, 841, 851, 861) and Project C.A.R.E. — enter information for caregiver in Sections I, VI, and VII and for care recipient in Sections III, IV, and V.
- HCCBG In-Home Aide Respite (235, 236, 237, 238), Group Respite (309), and Institutional Respite (210) — enter information for the hands-on recipient of services (not the caregiver) in Section I, IV, V (if appropriate), VI (if appropriate), and VII.
- For all other HCCBG services, complete Sections I, IV, V (if appropriate), VI (if appropriate), and VII.

**Region Code:**
- HCCBG care management (610), home-delivered meals (620), NSIP-only home-delivered meals (621), home-delivered liquid nutritional supplement (622) — complete Sections I, II, IV, V (if appropriate), VI (if appropriate), and VII.

**Provider Code:**
- For all other HCCBG services, complete Sections I, IV, V (if appropriate), VI (if appropriate), and VII.

---

1. **Client Status:** Check the appropriate box(es). Enter the date of client status change.
   - New Registration/Activate (Date: ____________ )
   - Waiting for Service (complete Section I only): (Date: ____________ )
   - Change of information (Date: ____________ ) (Complete Section I — Items 2, 4, 5, plus information that needs to be changed)
   - Inactive (Date that provider believes client became inactive for the reason stated below:)
     **Enter reason for making client inactive below.** Make a client inactive only if the person is thought to be permanently leaving the service system.
     If the client is a caregiver receiving FCSP or Project C.A.R.E. services and the reason for making the client inactive relates more to the care recipient's status, check the box for “Care Recipient.”

   **Reason for making client inactive applies to:**
   - Client/Caregiver ☐ OR Care Recipient ☐
     - Moved to adult care home/assisted living ☐
     - Alternative living arrangement ☐
     - Death ☐
     - Hospitalization (not expected to return) ☐
     - Nursing home placement ☐
     - Moved out of service area ☐
     - Improved function/Need eliminated ☐
     - Service not needed/wanted ☐
     - Illness (not expected to return) ☐
     - Other (Specify): ____________________________

---

2. **Legal Name**
   - Last
   - First
   - MI
   - Suffix
   - 4. Last 4 digits SSN

   Not for data entry — same person likes to be called, if different from legal name on SS card:

3. **Street Address**
   - Mailing Address ☐ Same as street address
   - City
   - State
   - Zip
   - County ☐ No phone

4. **Sex (check one)**
   - ☐ Female
   - ☐ Male

5. **Poverty Level? (check one)**
   - ☐ Yes
   - ☐ No

6. **Marital Status (check one)**
   - Single (never married) ☐
   - Married ☐
   - Single (divorced/widowed) ☐
   - Refused to answer ☐

7. **Race**
   - Black or African-American ☐
   - Asian ☐
   - American Indian or Alaska Native ☐
   - White ☐
   - Native Hawaiian or other Pacific Islander ☐
   - Unknown/refused ☐

8. **At or Below Poverty Level? (check one)**
   - ☐ Yes
   - ☐ No

9. **Marital Status (check one)**
   - Single (never married) ☐
   - Married ☐
   - Single (divorced/widowed) ☐
   - Refused to answer ☐

10. **Household Size (check one)**
    - Lives alone ☐
    - Group/shared home ☐
    - 2 in home ☐
    - 3 or more in home ☐

11. **Ethnicity (Are you of Hispanic or Latino origin)?**
    - ☐ Not Hispanic or Latino
    - Hispanic Puerto Rican ☐
    - Hispanic Cuban ☐
    - Hispanic Mexican American ☐
    - Hispanic Other ☐

12. **Primary language spoken in the home:**
    (see 30 language options in CRF instructions manual)

---

13. **Name of Emergency Contact:**
    Day phone no.: ____________
    Evening phone no.: ____________

14. **Caregiver’s Overall Functional Status:** ☐ Well ☐ At risk ☐ High risk
    *(When the caregiver is registered as the client, use this field for the caregiver’s self-reported functional status and then complete Section IV for care recipient.)*
**Section II: Required only for clients of HCCBG congregate meals, home-delivered meals, liquid nutritional supplement meals, NSIP-only meals, or care management services.**

<table>
<thead>
<tr>
<th>15. Nutrition Health Score</th>
<th>Refused to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Do you have an illness or condition that made you change the kind and/or amount of food you eat?</td>
<td>□ Yes □ No □</td>
</tr>
<tr>
<td>b. How many meals do you eat per day?</td>
<td>#</td>
</tr>
<tr>
<td>c. How many servings of fruit per day?</td>
<td>#</td>
</tr>
<tr>
<td>d. How many servings of vegetables per day?</td>
<td>#</td>
</tr>
<tr>
<td>e. How many servings of milk/dairy products per day?</td>
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<td>f. How many drinks of beer, liquor, or wine do you have every day or almost every day?</td>
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<td>g. Do you have tooth/mouth problems that make it hard for you to eat?</td>
<td>□ Yes □ No □</td>
</tr>
<tr>
<td>h. Do you always have enough money or food stamps to buy the food you need?</td>
<td>□ Yes □ No □</td>
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<td>i. How many meals do you eat alone daily?</td>
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<td>j. How many prescribed drugs do you take per day?</td>
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<td>k. How many over-the-counter drugs do you take per day?</td>
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<tr>
<td>l. Have you lost 10 or more pounds in the past 6 months without trying?</td>
<td>□ Yes □ No □</td>
</tr>
<tr>
<td>m. Have you gained 10 or pounds in the past 6 months without trying?</td>
<td>□ Yes □ No □</td>
</tr>
<tr>
<td>n. Are you physically able to shop for yourself?</td>
<td>□ Yes □ No □</td>
</tr>
<tr>
<td>o. Are you physically able to cook for yourself?</td>
<td>□ Yes □ No □</td>
</tr>
<tr>
<td>p. Are you physically able to feed yourself?</td>
<td>□ Yes □ No □</td>
</tr>
</tbody>
</table>
**Section III:** Complete for the care recipient (not caregiver) if services are funded by Family Caregiver Support Program and/or Project CARE.

**CARE RECIPIENT #1 (For additional service recipients, attach an additional DAAS-101, Section III, IV, and V).**

<table>
<thead>
<tr>
<th>16. Name, Last</th>
<th>First</th>
<th>M.I.</th>
<th>SUFFIX</th>
<th>Last 4 Digits SSN (or zeros)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
<td>State</td>
<td>Zip</td>
<td>Sex □ Female □ Male</td>
</tr>
</tbody>
</table>

17. Is care recipient a person with severe disabilities? □ Yes □ No

18. Does care recipient live in same household as caregiver? □ Yes □ No

19. Care recipient marital status:
   □ Single (never married) □ Single (divorced/widowed)
   □ Married □ Refused to answer

**Section IV:** Complete for all clients unless the client is the caregiver, in which case complete Section IV for the care recipient. The only exception is that Section IV is not required for FCSP services involving minor relative children.

20. Does client (care recipient) have significant memory loss or confusion? □ Yes □ No

21. **Number of IADL (Instrumental Activities of Daily Living)**

<table>
<thead>
<tr>
<th>Client (or care recipient) can carry out the following tasks without help.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Prepare meals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Shop for personal items</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Manage own medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Manage own money (pay bills)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Use telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Do heavy housework</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Do light cleaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Transportation ability</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total "no" column = IADL impairments

22. **Number of ADL (Activities of Daily Living)**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Eat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Get dressed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Bathe self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Use the toilet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Transfer into/out of bed/chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Ambulate (walk or move about the house without anyone’s help)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total "no" column = ADL impairments

23. How many unpaid caregivers involved in care including primary caregiver? Enter #

(If answer to this question is "0," skip to Section VII.)

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DAAS-101 (revised effective 8-8-2012)
Section V: Complete for HCCBG respite, FCSP, and others responding with “1” or more in Q23.

24. How many hours per day of help, care, or supervision does care recipient need?
   a. # of daily hours needed ______________________  b. If not daily, # of hours per week needed ______________________

25. How many hours per day of help, care, or supervision does primary caregiver provide?
   a. # of daily hours provided ______________________  b. If not daily, # of hours per week provided ______________________

26. Primary caregiver’s relationship to care recipient: (check one)
   □ wife  □ sister  □ mother  □ aunt  □ other relative
   □ husband  □ brother  □ father  □ uncle  □ non-relative
   □ daughter/daughter-in-law  □ niece  □ grandmother  □ granddaughter/granddaughter-in-law
   □ son/son-in-law  □ nephew  □ grandfather  □ grandson/grandson-in-law

Section VI: Complete for all caregivers. Questions 27-30 should be answered only by caregiver.

27. Primary caregiver’s self-reported health on scale of 1 (poor) to 5 (excellent) (choose one)
   □ 1 □ 2 □ 3 □ 4 □ 5

28. Primary caregiver: How stressful for you is caregiving on a scale from 1 (not at all very low) to 5 (very high) (choose one.)
   □ 1 □ 2 □ 3 □ 4 □ 5

29. Primary caregiver’s paid employment status:
   □ Full-time  □ Part-time  □ Quit due to caregiving  □ Is not/was not working
   □ Retired early due to caregiving  □ Retired/full benefits  □ Lost job/dismissed due to caregiving

30. Is the primary caregiver a long distance caregiver?  □ Yes  □ No

Section VII: REQUIRED FOR ALL CLIENTS.

I, the client, understand the information contained on this form will be kept confidential unless disclosure is required by court order or for authorized federal, state or local program reporting and monitoring. I understand that any entitlement I may have to Social Security benefits or other federal or state sponsored benefits shall not be affected by the provision of the aforementioned information. My signature authorizes the providing agency to begin the service(s) requested.

DATE: ______________________________  CLIENT (Caregiver) SIGNATURE: ______________________________

DATE: ______________________________  AGENCY EMPLOYEE SIGNATURE: ______________________________
ACKNOWLEDGEMENT OF CONFIDENTIAL INFORMATION

In connection with my activities as

________________________________________________________________________

I agree to hold confidential all information to which I may have access about clients or customers or former clients and will not reveal any information to unauthorized persons. I understand that revealing confidential information to unauthorized persons will make me subject to either civil action for the collection of monetary damages and/or suspension or dismissal.

________________________________________________________________________

Signature                                          Date

________________________________________________________________________

Witness                                            Date
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<td>F-1</td>
</tr>
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Soliciting voluntary consumer contributions is good business.

Contributions expand services beyond federal, state, and local funding. Statewide, consumer contributions have totaled more than $2 million every year since 2002.

The Division of Aging and Adult Services revised its consumer contributions policy (formerly called the cost-sharing policy) effective September 1, 2005.

See the attached summary chart for nutrition services and the Consumer Contributions Policy and Procedures for detailed information about the new policy.

Answers to Frequently Asked Questions may be access at the following website:
http://www.dhhs.state.nc.us/aging/consumercontributions.htm
<table>
<thead>
<tr>
<th>Service Category</th>
<th>Category II</th>
<th>Category III</th>
<th>Category IV</th>
<th>Category V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solicit and accept voluntary contributions.</td>
<td>Solicit and accept voluntary contributions.</td>
<td>Solicit and accept voluntary contributions.</td>
<td>Accept voluntary contributions only.</td>
<td>None.</td>
</tr>
<tr>
<td>Includes HD</td>
<td>[includes CONG &amp; TRANS]</td>
<td>[includes CONG &amp; TRANS]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Requirements Matrix</td>
<td>Complete the Provider Assurance Form.</td>
<td>Maintain written documentation of the action taken.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Recommendations Matrix</td>
<td>Complete the Provider Assurance Form.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regardless of client's income level, above or below poverty, provider must solicit and accept voluntary contributions. Does not have to be face-to-face solicitation. Examples include letters or notices (e.g., monthly or quarterly). Method of solicitation should be available for review during monitoring.</td>
<td>See Section IV.B. of Consumer Contributions Policy for information that must be included in solicitation materials to assure that method is not coercive. Provider is not required to provide the cost of meal service to the client, but is not prohibited from sharing the cost. Must have written procedures to account for and safeguard all contributions.</td>
<td>Examples of possible methods of solicitation include posters, handouts, brochures, flyers, or group discussions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide Recommended Contribution Schedule to persons above poverty.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[not allowed]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CONSUMER CONTRIBUTIONS

Voluntary contributions are appreciated!

You have the opportunity to make a voluntary contribution for your meal. Contributions will be used to expand services so that more people may participate in this program.

The money that pays for this service is a combination of federal, state, county/local funds, plus voluntary contributions of service participants. Our cost to provide this service is $4.25 per meal.

Your contribution is confidential and the amount you choose to give is your choice.

Services will not be terminated or reduced if you choose not to contribute as you are under no obligation.

Have questions about consumer contributions?

Call Jan Shaffer at 695-5617
Bone Health and Osteoporosis

The U.S. Surgeon General, Dr. Richard H. Carmona, declares in a new report that ten million Americans over the age of 50 have osteoporosis; the most common bone disease, while another 24 million are at risk for developing the disease. Fortunately there are ways to improve one's bone health at any age, but the risk of osteoporosis is highest among women, and it is a serious risk for older men as well as women.

Breaking a bone after the age of 50 could be the first sign of weak bones and should be a reason to talk with your doctor about a bone mineral density test. These tests are quick, safe, and painless. The Surgeon General and the U.S. Preventive Services Task Force recommend the test for women over age 65. And Medicare covers the test every two years for “qualified” individuals.

Seniors should also know that recent studies conclude that anyone over age 50 should increase his or her vitamin D intake to 400 international Units (IU) per day,” according to the report. “After age 70, 600 IU per day are needed.”

In addition to the full report, Dr. Carmona has issued a supplement called “The 2004 Surgeon General’s Report: Bone Health and Osteoporosis: What It Means to You.” This consumer version is designed for all ages, with illustrations, checklists, and helpful information about using diet to strengthen bones. The 24-page booklet may be downloaded from the Web site at www.surgeongeneral.gov, or you may order a single copy in English or Spanish by telephoning 1-866-718-BONE.

---

MARCH 2005 VOLUNTARY CONTRIBUTIONS

<table>
<thead>
<tr>
<th>East Hickory</th>
<th>Catawba</th>
<th>Newton</th>
<th>West Hickory</th>
<th>Maddin</th>
</tr>
</thead>
<tbody>
<tr>
<td>$54.50</td>
<td>$102.65</td>
<td>$98.23</td>
<td>$228.40</td>
<td>$538.30</td>
</tr>
</tbody>
</table>

Thank you for your contributions this month. Contributions are used to expand services so that more people may participate in the Congregate Meal Program.
Appendix B

Recommended Consumer Contribution Schedule

NC Division of Aging and Adult Services

Recommended Contribution Schedule
Based on the 2017 US Poverty Guidelines

Service Recipient’s Name:

<table>
<thead>
<tr>
<th>Service #1</th>
<th>Rate $</th>
<th>Service #2</th>
<th>Rate $</th>
<th>Service #3</th>
<th>Rate $</th>
</tr>
</thead>
</table>

**% of Poverty | Monthly Income of: | Suggested Percentage of the Cost of Service | Recommended Contribution Amount per Unit of Service |
---|---|---|---|---|
At poverty 100% | $1,005 | $1,353 | 0% | |
Above poverty 100% + | $1,006 - $1,255 | $1,354 - $1,691 | 10% | |
125% | $1,256 - $1,507 | $1,692 - $2,029 | 20% | |
150% | $1,508 - $1,758 | $2,030 - $2,367 | 30% | |
175% | $1,759 - $2,009 | $2,368 - $2,706 | 40% | |
200% | $2,010 - $2,260 | $2,707 - $3,044 | 50% | |
225% | $2,261 - $2,512 | $3,045 - $3,382 | 60% | |
250% | $2,513 - $2,763 | $3,383 - $3,721 | 70% | |
275% | $2,764 - $3,014 | $3,722 - $4,059 | 80% | |
300% | $3,015 - $3,517 | $4,060 - $4,736 | 90% | |
350% | $3,518 - above | $4,737 - above | 100% | |

The Recommended Consumer Contribution Schedule may only be shared with service recipients who are above poverty and receive a Type I service(s). *Voluntary contributions made toward the cost of services received are not tax deductible.

** Percentage of Poverty represents monthly incomes at poverty level and above (Note: Reference10A NCAC 05I.0101)

Consumer Contributions Policy and Procedures
Effective Date: 3/3/2017
Last Update: 3/3/2016
Client Registration Form – “At or below poverty?”
Use the monthly equivalent of the HHS Federal Poverty Guidelines below to ask applicants and clients during intake and reassessments if their incomes are at or below the poverty level.

**2017 POVERTY GUIDELINES and Monthly Equivalents**

<table>
<thead>
<tr>
<th>Persons in family/household</th>
<th>Poverty guideline for NC</th>
<th>Monthly Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,060</td>
<td>$1005</td>
</tr>
<tr>
<td>2</td>
<td>16,240</td>
<td>1354</td>
</tr>
<tr>
<td>3</td>
<td>20,420</td>
<td>1702</td>
</tr>
<tr>
<td>4</td>
<td>24,600</td>
<td>2050</td>
</tr>
<tr>
<td>5</td>
<td>28,780</td>
<td>2398</td>
</tr>
<tr>
<td>6</td>
<td>32,860</td>
<td>2738</td>
</tr>
<tr>
<td>7</td>
<td>37,140</td>
<td>3095</td>
</tr>
<tr>
<td>8</td>
<td>41,320</td>
<td>3443</td>
</tr>
<tr>
<td>For each additional person, add:</td>
<td>$4,180</td>
<td>$348</td>
</tr>
</tbody>
</table>
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Aging
2101 Mail Service Center, Raleigh NC  27699-2101
Phone 919-855-3400
Fax 919-715-0868

Nutrition Service Standards

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I. Statement of Philosophy and Purpose

Nutrition services are intended to

- Promote, maintain, and improve the health and well-being of older adults through the provision of a nutritionally balanced meal five or more days per week served in a strategically located congregate setting or delivered to the home.
- Reduce the isolation experienced by many older adults through opportunities for social interaction by participation in the nutrition program.
- Provide nutrition education and supportive service activities in order to enhance the older adult's ability to remain independent.
- Enable impaired older adults to remain at home as long as possible and facilitate the discharge of older adults from hospitals and care providing facilities.
II. Legal Base

Older Americans Act of 1965 as amended
(as codified in Title 42 of the United States Code, Chapter 35, sec. 3001 et seq.)
[official compilation not available as of 7-1-03 – see AoA website or unofficial compilation: http://www.aoa.gov/]

Title 45, Code of Federal Regulations, Part 1321 (Grants to State and Community Programs on Aging)
http://www.access.gpo.gov/nara/cfr/

N.C. General Statutes, Chapter 143B
§143B-181.1 Division of Aging – creation, powers and duties.
(a) There is hereby created within the office of the Secretary of the Department of Health and Human Services a Division of Aging, which shall have the following functions and duties:

(11): To administer a Home and Community Care Block Grant for Older Adults, effective July 1, 1992 . . . .

(c) The Secretary of Health and Human Services shall adopt rules to implement this Part and Title 42, Chapter 35, of the United State Code, entitled Programs for Older Americans.
http://www.ncgaa.state.nc.us/gascripts/Statutes/StatutesTOC.pl

N.C. Administrative Code, Title 10A, Chapter 6 – Aging Program Operations, Subchapter K – Nutrition Services
http://ncrules.state.nc.us/ncadministrative /title10ahealtha CHAPTER06agingp /default.htm
III. Definition of Nutrition Services

Summary of federal and state requirements

- Congregate nutrition programs must provide at least one hot or other appropriate meal per day, and may provide additional meals, in a congregate setting in which a range of social and supporting services are available.
- Home-delivered nutrition services must deliver at least one hot, cold, frozen, dried, canned, or supplemental foods meal per day and may provide additional meals to an eligible individual who is homebound by reason of illness, incapacitating disability or is otherwise isolated.
- The meals must:
  - Comply with the Dietary Guidelines for Americans.
  - Provide 1/3 RDA for one meal, 2/3 RDA for 2 meals, and 100% RDA for 3 meals per day.
  - Be adjusted to meet the special dietary needs of participants to the maximum extent feasible.
- In addition to meal service, nutrition activities must include outreach, screening, nutrition education, activity programming for congregate nutrition sites, and volunteer management.

Practice Guidelines

Service providers are encouraged to note how broad the definition of nutrition services is under federal and state rules. Hot and other appropriate meals are allowed under the Older Americans Act, as well as additional meals. An appropriate meal may be hot, cold, frozen, dried, canned or liquid, as long as it provides 1/3 of the daily recommended dietary allowances, follows the Dietary Guidelines for Americans, and accommodates the needs and capacity of the individual recipient to open, consume, store, refrigerate, freeze, and/or reheat the meal safely. An additional meal is any meal that exceeds one meal per day, 5 days per week.

Options for Responding to Local Needs — Having the flexibility to develop slightly different nutrition programs in each community means that planners can develop programs that are responsive to local needs, such as the risk of malnutrition, health promotion/disease prevention issues, or the diversity of the population. Responses could range from modified and therapeutic diets to salad bars and culturally appropriate meals. They could take the form of frozen or liquid meals. Service delivery for both congregate and home-delivered meal programs can evolve with the needs of the NC communities in which they are located.
DEFINITION OF NUTRITION SERVICES

It is not uncommon for communities located especially in the western half of the state to provide shelf-stable meals in anticipation of adverse weather, and agencies are encouraged to make these arrangements. One provider took the idea of shelf-stable meals one step further and developed a Grocery Box Project, an initiative to provide stop-gap services to the neediest people on the agency’s long waiting list for home-delivered meals. A box of shelf-stable meals (based on pre-approved menus) is mailed directly from the food caterer to selected applicants who have been screened as being capable of using meals in a shelf-stable form and as being the most at risk.

Other communities have developed frozen meal programs, allowing them to serve eligible people in areas outside the normal area serviced by their home-delivered meal volunteers. Like shelf-stable meals, frozen meals have to be an option chosen only after the recipient has been judged to have the capacity and equipment to store and reheat the meals.

Another form of nutrition service is the provision of liquid nutritional supplements, which are nutritionally fortified, commercially prepared liquid meals. The provision, frequency, and duration of this service have to be approved by a physician, physician’s assistant, nurse practitioner, registered nurse, or registered dietitian. Liquid supplements must be served in addition to a complete congregate or home-delivered meal, but may replace a meal if a participant cannot tolerate solid food or cannot chew food. It is inappropriate to solely serve supplements for a meal if the client can tolerate solid foods.

Communities that are able to expand the types of meals offered can be more responsive to individual needs. Like having the right tool to do the job, having a menu of different meal options allows a service provider to choose the method that produces the best outcome for an individual.

Additional Meals – Each community must assess its overall service needs and gaps to determine where nutrition services fit in the local system of home and community-based services and how to define the scope of local service. Not every community has the capacity or funding to diversify nutrition service delivery beyond the traditional hot lunch offered Monday through Friday. Nevertheless, if funding is available, then the nutritional risk status of nutrition clients across NC suggests that local planners may want to investigate the provision of additional meals to the most high-risk clients, especially those with inadequate social support when the nutrition program is closed.

The 1992 amendments to the OAA made it easier and more cost-effective to offer two and three meals per day. Instead of requiring that each meal contain
DEFINITION OF NUTRITION SERVICES

1/3 RDA, the 1992 amendments gave increased flexibility to develop two-meal programs that together contain 2/3 RDA and three-meal programs that contain 100% RDA. For example, nutrition service providers can deliver a lighter meal for breakfast and a higher calorie, nutrient-dense lunch.

Communities also can consider the option of providing additional meals in the form of weekend meals, when people without family or friends are the most food insecure because the regular nutrition program is not in operation.

More than a Meal – The federal and state units on aging are proud to market nutrition services as more than a meal, because providers typically offer so much more to their participants. In addition to meals, all agencies offer nutrition screening and nutrition education and may offer nutrition assessment and counseling. Communities routinely describe their nutrition services not only in terms of providing nutritionally sound meals or decreasing malnutrition, but also in terms of reducing social isolation, promoting health, and preventing physical and mental decline. In most communities, nutrition providers also play a critical role in linking older people to other services.

Nutrition providers are encouraged to do a self-assessment and see how well their services go beyond meals to offer social interaction, mental stimulation, informal support systems, and volunteer opportunities. Are participants connected, as needed and appropriate, with other health and supportive services, such as transportation and home repairs? Are they referred for other food assistance programs, such as Food Stamps?

Local planners are requested to think broadly about defining nutrition services in terms of effective outreach to target populations, screening, assessment, counseling, education, programming, service coordination, and referrals as well as meal provision.
IV. Eligibility for Service

Summary of federal and state requirements

- Eligibility for congregate nutrition services:
  - People 60+ and their spouses regardless of age when the older adult is a nutrition client.
  - Local option, based on AAA’s written procedures, to offer congregate meals to volunteers who work during meal hours.
  - Local option to offer congregate meals to people under age 60 with disabilities who reside with and accompany eligible people to meal sites.
  - Local option to offer congregate meals to people under age 60 with disabilities who reside in housing facilities occupied primarily by older adults at which a congregate nutrition site is located.

- Eligibility for home-delivered nutrition services:
  - People age 60+ who are physically or mentally unable to obtain food or prepare meals, who have no responsible person who is able and willing to perform this service, and who are unable to participate in congregate nutrition program because of physical or mental impairment.
  - The spouse of an older person, if one or the other is homebound by reason of illness or incapacitating disability.
  - The family caregiver of an eligible homebound older adult.
  - Local option to offer home-delivered meals to volunteers who work during meal hours.
  - Local option to offer home-delivered meals to people under age 60 with disabilities who reside at home with an eligible older adult.

- The Area Agency on Aging will establish written procedures outlining the documentation required to be in client records at the local level to certify special eligibility for volunteers and people under age 60 with disabilities receiving meals. Disability status must be demonstrated with some form of notice of disability award.

- Ineligibility criteria:
  - People whose dietary needs cannot be met through the meals offered.
  - People residing in long-term care facilities or enrolled in care-providing programs (including adult day care/day health, except that people attending day/care/day health centers may receive meals on the days they do not participate in the adult day program).

- Congregate nutrition service priority:
ELIGIBILITY FOR NUTRITION SERVICES

- People in adult protective services.
- People at risk of needing adult protective services.
- People with health impairments who need nutritional support or people whose living arrangements do not provide adequate meal preparation facilities.

- **Home-delivered nutrition service priority:**
  - People in adult protective services.
  - People at risk of needing adult protective services.
  - People without a caregiver or other responsible party assisting with care.
  - People who have ADL impairments (self-care limitations) and IADL impairments (household management limitations).

- **Home-delivered nutrition providers must:**
  - Conduct an in-home assessment within 7 working days.
  - Determine eligibility and notify within 10 working days of assessment.
  - Conduct a written reassessment every 6 months, unless client is on temporary meal status.
  - Establish written procedures for reporting changes in eligibility.

**Practice Guidelines**

What is the difference between eligibility criteria, priority for service, and targeting?

**Eligibility criteria** (such as being the spouse of an eligible older adult or being homebound and having no one willing or able to prepare meals) must be met before an applicant is considered for services. However, being eligible does not assure that services will be provided. The HCCBG is a dollar-limited program, not an entitlement program, and providers can serve eligible people only as funding permits. The home-delivered meals program accounts for a substantial number of people on the state’s waiting list for HCCBG services. Providers have the option to offer meals to people under special eligibility criteria.

**Priority for service** – Applying criteria to rank people who qualify for services allows providers to direct limited funding for services to the eligible people who need them most. In general the Home and Community Care Block Grant (HCCBG) assigns priority for service to people under protective services, people at risk of needing protective services because of declining mental or physical functioning, and people who have functional limitations (see section 2 of the HCCBG Procedures Manual for more information). The specific priorities for congregate and home-delivered meals are listed above.
ELIGIBILITY FOR NUTRITION SERVICES

Targeting – Before determining eligibility or ranking applicants for priority of service, usually there is some form of community outreach to target populations to inform eligible people about the availability of services. The 2000 amendments to the Older Americans Act added rural older adults as a target population, along with older adults who are economically or socially needy, older adults with severe disabilities or limited English-speaking ability, and older adults with Alzheimer’s or related disorders and their caregivers. If a community reviews its service statistics and finds that client characteristics for various HCCBG services do not reflect the prevalence of these target populations in the community, then updated methods of reaching out to these groups likely need to be developed.

Summary of Special Eligibility Rules

Providers are not required to enroll any other category of special eligibility client other than spouses, but they have the option to offer meals to other categories of special eligibility people on the same basis as eligible older adults. The AAA is responsible for developing written procedures to guide providers who want to exercise their option to offer meals to special eligibility clients.

Spouses – An underage spouse is eligible for congregate meals if the eligible older adult is a nutrition client. A spouse is eligible for home-delivered meals if either person is homebound by reason of illness or incapacitating disability.

Volunteers – Providers have the option to offer meals to volunteers who work during meal hours for either the congregate or home-delivered meals program. Since volunteers may be well people under the age of 60, providers should take note of whether offering meals to volunteers will displace eligible older adults on the county’s HCCBG waiting list.

People under age 60 with disabilities –

- Congregate meals may be offered to a person under age 60 with disabilities if:
  - the person with disabilities resides at home with and accompanies an eligible older adult, or
  - the person with disabilities resides in housing primarily for older adults that has a congregate nutrition site.

- Home-delivered meals may be offered to people with disabilities who live with an eligible older adult.
  Documentation of disability status has to be kept on file for monitoring.
Waiting Lists

It is very important for providers to document people waiting for nutrition services by entering their names in ARMS, the Division of Aging's client tracking and reimbursement system. Providers are not required to do in-home assessments prior to adding a person's name to the waiting list, but they should do sufficient screening by telephone to believe that a person probably is eligible. This list is a powerful indicator to legislators and decisionmakers that local communities have a documented need for nutrition services. Although the ARMS waiting list does not capture the entire need for nutrition services in any community, it does serve a very useful purpose. Providers must keep the waiting list updated and periodically contact people on the list to determine if they are still in need of services.

When providers have an opening and can move someone from the waiting list to active status, they should use the priority for service criteria as a guide.

Applying the Homebound and Social Support Eligibility Criteria

The term "homebound" is clarified in federal OAA rules as "homebound by reason of illness or incapacitating disability" [45 CFR 1321.69(a)]. Inevitably there are questions about how homebound you have to be to receive home-delivered meals, even when you are talking about chronically disabled people who leave their homes only for short periods of time or infrequently.

This question has also been an issue for Medicare services in the past, when leaving the home for any reason other than a medical one could be grounds for terminating Medicare home health care. In 2000, Congress expanded the definition of homebound for Medicare purposes to allow people to attend adult day care programs or religious services. New instructions issued in 2002 make clear that people who are homebound and chronically disabled may leave their homes infrequently for special occasions and for short periods of time without being disqualified.

Being homebound is part of the eligibility criteria for home-delivered meals:
- unable to participate in the congregate nutrition program because of physical or mental impairment,
- physically or mentally unable to obtain food or prepare meals,
- no responsible person who is able or willing to perform this service.

Home-delivered meal providers have some local flexibility to interpret what homebound means for the HCCBG nutrition program, as long as the interpretation is applied fairly and equitably to all applicants and clients. The
ELIGIBILITY FOR NUTRITION SERVICES

clear intent of NC rules is to reserve the home-delivered meals program for people who are homebound and unable to attend the congregate meals program, who cannot fix their own meals, and who have no one able or willing to perform this service for them. A person does not have to be bedridden to be generally confined to his or her home, but leaving home for non-medical reasons should be for short periods of time or infrequently.

Another question is whether meals can be authorized for homebound older adults when they have family clearly assisting with their care. The answer is yes, if circumstances indicate it is in the best interests of the homebound older adult. Some caregivers work but are able to take care of all meals except the midday meal. In other situations, a hot lunch could provide respite for a full-time caregiver and contribute to the long-term viability of a caregiver who is on duty for all other meals during the week and on weekends. Moreover, if needed, the caregiver is eligible for a meal.

Professional caregivers also sometimes cloud the eligibility picture. If an aide is in the home at midday and is able to prepare a meal, then a provider could legitimately deny services and give the meal to a person ranked higher on the priority list. On the other hand, the presence of an aide in the home very early in the morning for personal care tasks would not necessarily preclude the authorization of a lunch for the homebound older adult.

It is important for providers to be consistent in how they interpret and apply eligibility and priority for service criteria. Assessment forms should document the reason why services are authorized, denied, or terminated. In tight budget times, providers are likely to be squeezed by more requests for service at the very time they have to be more selective about how funding is spent. Consistent interpretation of criteria at the local level will not prevent complaints when services are denied or terminated, but good documentation will support equitable decisions made by an agency.

For home-delivered meal applicants, providers must assess eligibility within 7 days and notify them regarding eligibility or ineligibility within 10 working days. Written reassessments must take place every 6 months, except for people on temporary status, and the agency must have written procedures for reporting changes in participant eligibility.

Using Eligibility Determinations to Coordinate Services or Make Referrals
A good in-home assessment for home-delivered meals and even registration of congregate meal clients is an agency’s opportunity to make connections for people who do not always know what questions to ask. Congregate meal participants may be eligible for Food Stamps. Home-delivered meal clients may
need personal care services and be eligible for Medicaid. Linkages such as these are what distinguish outstanding agencies that provide nutrition services. Contact with an applicant or client is not limited to an eligibility determination; it is used as an opportunity to really assess the client/family situation and to make referrals both within the agency and to other resources in the community.

**Ineligibility Criteria**

Despite our efforts to be responsive to local needs, our network may not be able to meet the nutritional needs of all people who come to us for service. Thus, eligibility is restricted to people whose dietary needs actually can be met by the Division of Aging’s menu requirements. Agencies are allowed to develop a therapeutic diet program based on the written prescriptions of physicians, but the regular HCCBG meals may not be suitable for all people who apply to participate. Providers are encouraged to offer reduced sodium, low fat, low sugar meals because they are healthy, but some nutritional needs demand strict adherence to diets that are not offered as part of the broader program.

Another example of an ineligible person is someone whose meal is already provided by another publicly funded program, such as a long-term care facility or adult day care. On the other hand, a person who is a private pay resident of a long-term care facility is not considered ineligible. If other public funds are already being used to purchase a lunch for these older adults, then HCCBG meals may not be authorized. This does not mean that a person cannot attend as a guest as long as someone pays for the cost of the meal.

**Grievance Procedures and Appeals**

Agencies need to provide applicants, clients, or their representatives with information about how to appeal decisions affecting the receipt of services. More information about this requirement for all HCCBG service providers may be found in section 7 of the HCCBG Procedures Manual. Procedures may include an administrative review by the provider; a hearing panel that includes the provider, a county representative, and the AAA; review by the Division of Aging; and appeal to the Office of Administrative Hearings. Grievances can relate to service authorization or any action that reduces or discontinues a service.
V. Nutrition Program Menus

Summary of federal and state requirements

- Nutrition providers must carry out program activities with the advice of dietitians (or persons with comparable expertise), meal participants, and other people knowledgeable about the needs of older adults. Minimum required documentation includes:
  - Menu certification – A licensed dietitian/nutritionist as defined in N.C. General Statutes § 90-352 must sign each page of a menu to certify that the menu meets the menu requirements below. The nutrient analysis and menu change forms must be on file with the certified menus.
  - Annual Survey – The nutrition provider must have on file at least one annual survey of participants soliciting menu suggestions and client satisfaction.

- Menus must be posted in both the congregate serving area and the meal preparation area.

- Approved menus must be followed, subject to seasonal availability of food and the availability of USDA donated food.

- Menu substitutions
  - The caterer or on-site production manager must document substitutions for dietitian/nutritionist approval.
  - Caterers must send written notification of meals that have an emergency menu substitution on the date delivered.
  - Menu change form - Any deviation from the approved menu must be documented on a menu change form that provides the date of delivery, specific food substitution, and signature of the production manager and/or dietitian authorizing the change. These forms must be kept on file with the certified menu.
  - Menu substitutions must be approved by the dietitian/nutritionist within 90 days or no later than July 31st for meals served in the 4th quarter of the state fiscal year.

- Menus must be kept on file with menu change forms for at least one year.
NUTRITION PROGRAM MENUS

- The signature of a licensed dietitian/nutritionist must be on each page of an approved menu certifying that the following requirements have been met:
  - Menus document that at least one hot or other appropriate meal is provided daily at least 5 days per week, except for holidays.
  - Menus follow the Dietary Guidelines for Americans.
  - Menus provide the recommended dietary allowances: 1/3 RDA for 1 meal, 2/3 RDA for 2 meals, and 100% RDA for 3 meals per day.
  - Menus are adjusted to meet the special dietary needs of participants to the maximum extent feasible.
  - Each meal provides at least 700 calories.
  - Sodium content does not exceed 1,300 mg per meal.
  - Nutrient analysis
    - All foods are identified on the menu in order to calculate nutrient value. All prepared or breaded meat items or meat in combination are specified. The form of vegetable or fruit (fresh, frozen, dried, or canned) on a menu is specified.
    - Recipes are provided to facilitate nutrient analysis. When recipe ingredients change, the recipe is resubmitted for approval by the dietitian/nutritionist.
  - Menus are written for a period of at least 20 days and submitted to the dietitian/nutritionist for nutrient analysis and approval at least 2 weeks in advance of the meals being served.
  - Menus follow the menu pattern requirements
    - Meat/meat alternative – no less than 21 grams.
    - Bread/grains – 2 servings of whole grain or enriched grain products.
    - Vegetables/fruits – 2 servings – juice may fulfill no more than half of this requirement for any one meal – vitamin C-rich foods must be served at least twice per week.
    - Fats – not more than 30% of the total calories per meal – gravies, salad dressings, mayonnaise, margarine, or butter must be specified.
    - Dairy – no less than 400 mg of calcium from combined menu items.
  - Menus are changed at least two times per year.

- Therapeutic diets
  - A physician's prescription for a therapeutic diet must be on file prior to services, and prescriptions must be reordered in writing every 6 months.
NUTRITION PROGRAM MENUS

- Therapeutic diet prescriptions and menus must follow the guidelines of the NC Dietetic Association Diet Manual.
- Menus must be written by a licensed dietitian/nutritionist and remain on file at least one year.
- Each food container must be dated and labeled with the client’s name.

- **Liquid Nutritional Supplements**
  - Prior to distribution, a written authorization must be on file from one of the following professionals: a physician, physician’s assistant, nurse practitioner, registered nurse, or licensed dietitian/nutritionist.
  - The nutrition provider must disclose to the professional who is requested to authorize the product's brand name, nutritional content of one serving, and the amount that will be needed to constitute the required 1/3 for reimbursement to meet the participant eligibility requirements.
  - Served in addition to a complete congregate nutrition or home delivered meal. May be counted as 2 meals but together they must provide 60% of the RDA.
  - Replacing a meal based on assessed need as determined by the authorizing professional. Such products cannot replace conventional meals unless a disability or condition warrants their sole use. Liquid supplements may be served to participants who cannot tolerate solid foods or cannot chew food.
  - The authorization must include name of recipient, reason why product is needed, amount and frequency of product to be provided, duration (not to exceed 6 months), name/signature/telephone number of the authorizing professional, and date of authorization.

- **All frozen meals must be dated with the date delivered to the nutrition provider.**

Practice Guidelines

**Meal Pattern**

<table>
<thead>
<tr>
<th>FOOD GROUPS</th>
<th>AMOUNT TO SERVE PER MEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meat/Meat Alternative</td>
<td>2 ounces cooked, edible portion or equivalent</td>
</tr>
<tr>
<td>Bread/Grains</td>
<td>2 servings</td>
</tr>
<tr>
<td>Vegetables/Fruits</td>
<td>2 servings</td>
</tr>
<tr>
<td>Fats</td>
<td>Total fat not to exceed 30% of total calories/meal</td>
</tr>
<tr>
<td>Dairy</td>
<td>1 serving</td>
</tr>
</tbody>
</table>
NUTRITION PROGRAM MENUS

To assure that each participant is offered a meal based on the required menu pattern, the first meal served at each nutrition site should be accurately weighed or measured by volume to provide a visual standard of reference for portion size when serving the remainder of the meals. Portion control utensils should be used when serving food.

(1) Meat/Meat Alternative Group
The requirement for each meal is to contain at least 2 oz. of cooked edible portion of meat, fish, poultry, or eggs. Meat alternatives may be used occasionally for variety and can include bean, pea, or lentil soup or entrees, as well as peanut butter. Processed meats, such as hot dogs or sausage, should be limited to once or twice a month because of the high fat and sodium content and limited nutrient value.

(2) Breads/Grains Group
The requirement for each meal to contain 2 servings of a whole grain or enriched grain product may be met in a variety of ways. The following examples are considered one serving from the Bread/Grains Group: 1/2 cup rice, potatoes or pasta; 6 saltine crackers; cornbread (2" cube); 1 roll, biscuit, or muffin; or 1 slice of bread. These may be served as separate items or incorporated into the main entree in the amounts specified above. An alternate way of meeting the menu requirement for two servings of bread/grain product would be to provide one serving of bread product as listed above and a starchy vegetable such as 1/2 cup of sweet or white mashed potatoes (or 1 medium-sized potato), lima beans, green peas, or corn. If this alternative is chosen, the starchy vegetable may not be used to satisfy both the bread/grain requirement and the vegetable/fruit requirement. A variety of enriched and/or whole grain bread products, particularly those high in fiber, are recommended.

(3) Vegetable/Fruit Group
To meet the requirement for two servings of different fruits and/or vegetables per meal, a nutrition provider may consider the following examples of one serving: 1/2 cup canned fruit (drained), 1/2 cup cooked vegetable (drained), 1 piece of fresh fruit, or 6 ounces of 100% fruit juice (orange, grapefruit, orange-grapefruit, or other 100% fruit juice fortified with Vitamin C to meet 1/3 RDA for Vitamin C), 1/2 cup coleslaw, or 1 cup tossed mixed fresh vegetable salad. Providers should note that the menu requirements in 10A NCAC 06K .0203 specify that juice may fulfill no more than half of the vegetable/fruit requirement for a meal.

The nutrition rules require that one serving of Vitamin C rich food be served twice each week. It is recommended that one serving of Vitamin A rich food also be served twice each week.
NUTRITION PROGRAM MENUS

Fruits or vegetables used in gelatin, soups, or main entrees may be counted as one serving if at least 1/2 cup of fruit or vegetable is provided per serving. Vegetable or fruit sauces (e.g., tomato sauce for spaghetti) may not be identified as meeting the fruit/vegetable requirement, except that applesauce may be counted as a fruit.

(4) Fats Group
Salad dressings, mayonnaise, gravies, white sauces, margarine, or butter must be identified on the menu. Each meal may contain fat, but care should be taken not to exceed the 30% fat level of total calories per meal. Methods that limit the amount of fat during cooking or serving are recommended. However, it should be pointed out that sauces over thin slices of meat help to maintain require food temperatures.

(5) Dairy Group
Calcium requirements have gone up to 400 mg. calcium per meal. This may be obtained by a serving of milk or other foods high in calcium. Calcium-fortified foods, juices, and other beverages may be served to meet the calcium requirement.

(6) Desserts
Dessert may be provided as an option, including fruit, puddings, fruitied or plain gelatin, ice cream or ice milk, frozen yogurt, sherbet, cake (frosted or with fruit sauce), cobblers, cookies, or pies (or pie squares), etc. Care should be taken not to exceed the 30% fat level of total calories for the meal.

If fruit is used as a dessert, it can be counted as one serving of fruit/vegetable category. If any calcium-rich foods are used as dessert, they may be counted as part of the total calcium content of the meal.

(7) Beverage Category
Coffee or tea may be served, but cannot be counted as fulfilling any part of the 1/3 daily Recommended Dietary Allowances requirement.

Menu Planning

(1) Nutrition providers should stay in touch with their participants in order to offer meals that are acceptable to the majority of people who want to partake. An annual survey must be done to solicit menu suggestions and determine client satisfaction.

(2) Putting the USDA Food Guide Pyramid into practice for menu planning helps to insure a more healthful menu. In general, it is recommended to choose foods
NUTRITION PROGRAM MENUS

that are higher in fiber and lower in fats and sugars. The fat content of meals should be no more than 30% of total calories. Menus should include fiber-containing foods, such as whole wheat bread, fresh fruits, and vegetables. Special attention should be directed to including nutrient-dense foods on the menu and limiting the number of desserts. Cake, pie, cookies, donuts, and similar foods are not recommended for frequent use because of low nutrient density.

(3) Food items within the meat/meat alternative, vegetable/fruit, and bread/grain groups should be varied within the week and the menu cycle. Food items should not be repeated two days in a row or served on the same days of consecutive weeks. Menus should include a variety of food items and preparation methods, including a mixture of colors, food combinations, textures, sizes, shapes, tastes, and appearances.

(4) Menus must be changed twice a year, but should be changed every quarter.

(5) Menu substitutions should not exceed one per month.

(6) Menu conferences between the licensed dietitian/nutritionist and the service provider should be conducted quarterly to discuss any problems, suggestions, additions, deletions, client comments, upcoming special events, or other topics pertaining to the nutrition program menus.

(7) Menu sharing between agencies with different food vendors and in different regions is encouraged in order to offer more variety to the participant.

(8) Six ounces of juice should satisfy the fruit/vegetable requirement no more than a maximum of two days per week.

(9) Main dish salads may be served on the menu.

(10) Vegetable protein products are allowed by the Food and Nutrition Service-USDA to be used in meat mixtures up to a maximum of 30%. This means all meat mixtures must contain at least 70% of meat in the mixture.

(11) Fresh and frozen vegetables should be used as much as possible. When canned vegetables are used, salt should not be added.

(12) Fresh fruits and vegetables of good quality may be donated and incorporated into the menu only when they can be used to serve all participants.
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(13) If the nutrition program uses a caterer, dietary specifications and menu pattern requirements need to be stipulated in the contract between the caterer and the nutrition program. These requirements must be stated as clearly and specifically as possible to prevent any misunderstandings and set forth the responsibilities of both parties.

(14) Nutrition program staff should tour the caterer's kitchen facilities at least annually. The caterer should be evaluated to assure that food is being prepared in a Grade "A" kitchen and that food-handling procedures are safe and sanitary. Any requirements in federal and state nutrition rules that are delegated to the caterer should be monitored during these visits.

Therapeutic Diet Meals and Special Modified Meals

Therapeutic diets and special modified meals may be provided when there is sufficient need and when the skills to prepare and serve these special diets are available.

(a) Therapeutic Diet Meals: A nutrition program may offer therapeutic diets to participants with a physician's authorization. A physician's written diet order must be on file prior to serving therapeutic diet meals and must be reordered every six months. Menus for therapeutic diet meals have to be written by a dietitian following the standards of the current NC Dietetic Association Diet Manual. A best practice for therapeutic meal delivery is to provide a copy of the certified menu to the person delivering the meal to assure that the physician's prescription is fulfilled. A therapeutic diet meal must provide 1/3 of the recommended dietary allowances to qualify for reimbursement through the Home and Community Care Block Grant and NSIP.

(b) Special Modified Meals: Certain changes in the certified approved menu may be offered where feasible and appropriate to meet the medical requirements of a participant. These changes can be made within the existing meal program without a physician's authorization. These changes include:

- Change in entrée. A participant may request a lower sodium entrée on days when high sodium entrees are served. A lower sodium entrée contains more than 500 milligrams of sodium.

- Change in dessert. Serving a dessert is optional. If a dessert other than fresh fruit or canned fruit packed in its own juice (not a sugar syrup) is served, then fresh fruit, juice-packed or water-packed fruit, or other dietetic, low-sugar desserts should be available if requested by the participant to replace the planned dessert.
NUTRITION PROGRAM MENUS

Using Shelf-Stable and Frozen Products When the Regular Nutrition Program Is Not Operating or Not Available

Shelf stable, frozen, canned, or dehydrated meals may be provided to participants for emergency situations, holidays, additional meals, and weekend meals. These types of meals are expected to follow the menu pattern requirements. Frozen meals may be useful in areas where daily delivery is limited or for weekend meal service. Emergency meals may be provided for inclement weather days if distributed in advance of the inclement weather. The adequacy of freezer and refrigeration equipment and the ability of the participant to prepare meals must be taken into consideration when authorizing these meals.

Providers who order frozen meals or shelf-stable meals often store them and deliver them in quantities, such as delivering a week of meals at one time. Providers should use these meals within 6 months of delivery. They must be dated upon delivery and should be rotated if necessary to assure that the oldest meals are delivered first.

The method of packaging and delivering more than one meal at a time may make it difficult or impossible to visualize the original menu grouping approved by the dietitian as meeting 1/3 RDA. For this reason, providers may want to provide some type of instructions to the meal recipients regarding suggested menus.

When delivering multiple meals to a client, the total number of meals should be reported for reimbursement on the day they are delivered. For example, the delivery of one hot meal on Friday along with 4 frozen meals for the weekend would be shown on the meal report as 5 meals on Friday’s date.

Distributing Liquid Nutritional Supplements

As authorized by a professional (physician, physician’s assistant, nurse practitioner, registered nurse, or licensed dietitian/nutritionist), liquid nutritional supplement meals may be provided as a second meal per day or as a meal replacement for frail older adults. The normal menu pattern requirements do not apply to these products, but they must be provided in a quantity sufficient to assure 1/3 RDA in order to be reimbursed by the HCCBG or the NSIP.

As a Second Meal – When liquid nutritional supplements are included within the scope of nutrition services offered in a community, generally they should be distributed with a hot or other appropriate meal because it is intent of the Older Americans Act to provide food, not supplements. In combination with a conventional meal, liquid nutritional supplement may be a very cost-effective
NUTRITION PROGRAM MENUS

means of helping people who are at high risk of malnutrition and in need of additional meals.

As a Meal Replacement – Because liquid nutritional supplement is meant to supplement and not replace meals, special authorization is required for meal replacement. In the authorization form, the authorizing professional must certify that the person approved for liquid supplement as a meal replacement has a disability or condition that prevents them from chewing food or otherwise tolerating solid foods.
VI. Food Preparation and Safety Requirements

Summary of federal and state requirements

- Federal, State, and Local Requirements
  - Federal rules require that nutrition programs comply with all state and local requirements for the safe and sanitary handling of food, equipment, and supplies. Services must meet state and local licensing, health, and safety requirements.
  - Permit – North Carolina nutrition providers must maintain a permit from the Division of Environmental Health, N.C. Department of Environment and Natural Resources, and must comply with the food safety and sanitation practices issued in the "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments" (15A NCAC 18A .2600).
  - Grade A Sanitation Rating – Nutrition providers and food preparation sub-contractors must follow the sanitation rules in 15A NCAC 18A .2600 to maintain a Grade A (or at least 90%) sanitation rating. If the grade fails below "A" or 90%, the AAA must be notified and must receive a copy of the Environmental Health inspection report. Corrective action must be undertaken and a request for reinspection for purposes of raising the grade must be made within 7 days of the lower grade. When the local Environmental Health Specialist reinspects the facility, the AAA must receive a copy of the reinspection report. The facility where meals are prepared or served may continue to provide meals for the nutrition program with a sanitation rating of less than "A" or 90% at the discretion of the AAA.

- Food Safety
  - All staff working in the preparation of food must be under the supervision of a person who shall insure the application of hygienic techniques and practices in food handling, preparation, and service. This supervisory person shall consult with the nutrition service provider's dietitian for advice and consultation as necessary.
  - Nutrition providers must educate participants and all staff annually regarding the sources and prevention of foodborne illness.
  - All food must be packaged and transported in a manner to protect against potential contamination, including dust, insects, rodents, unclean equipment and utensils, and unnecessary handling.
  - Packaging and transport equipment must maintain temperatures. All documentation of food temperatures must be kept on file for audit.
FOOD PREPARATION AND SAFETY REQUIREMENTS

- The area where meals are handled or served must be kept clean and in good repair.
- Summary of time and temperature requirements:
  - Food temperatures must meet the requirements of "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments" (15A NCAC 18A .2600). Basically all potentially hazardous food must be held at 140°F or above or 45°F or below except during necessary periods of preparation and serving.
  - The sanitation rules found at (15A NCAC 18A .2600) allow time rather than temperature requirements under certain procedures approved by the local Environmental Health Specialist.
  - Food preparation caterers must document each food item delivered and record the end of food preparation time on meal delivery tickets (signed by the food production manager).
  - Food not prepared on-site must be received at the drop-off location by a nutrition program employee or trained volunteer.
  - The nutrition program employee or trained volunteer must document meal arrival time on the caterer's delivery ticket (signed by the person receiving the food). If warming equipment or refrigeration equipment is used to hold food prior to serving, then temperatures also must be taken and recorded at the time of food delivery.
  - Congregate Nutrition Program - Food temperatures must be taken just prior to serving congregate meals, and the time of temperature documentation must be noted. Food temperatures must be recorded by the name of each specific food item, except bread products, cake, fresh fruit, and fruit cobblers.
  - Home Delivered Meals Program - regardless of whether food for home delivered meals is received in bulk for packaging at a nutrition site or arrives pre-plated from the caterer, temperatures of each specific food item (except bread products, cake, fresh fruit, and fruit cobblers) must be recorded at least one time per month on each route.

- Food Preparation
  - Food prepared, frozen, or canned in the home cannot be served at the site.
  - Food from unlabeled, rusty, leaking, or broken containers or cans with side dents, rim dents, or swells cannot be used.
  - All meat and poultry, fresh or frozen, must bear inspection stamps on the box or package indicating inspection by USDA, the N.C. Dept. of Agriculture and Consumer Services, or other agencies having regulatory authority.
FOOD PREPARATION AND SAFETY REQUIREMENTS

- All foods used in the meals must be from sources approved by federal or state agencies (USDA, FDA, the NC Dept. of Agriculture and Consumer Services, or other agencies having regulatory authority). All foods used in meals must be in compliance with applicable state and local laws, ordinances, and regulations. They must be clean, wholesome, free from spoilage, free from adulteration and mislabeling, and safe for human consumption.
- Fresh raw fish must bear the PUFI (Packed Under Federal Inspection) Shield.
- Prior to use, all fruits and vegetables must be washed to remove dirt or insecticide residues. Fresh fruits and vegetables free from disease and infestation may be donated and incorporated into the menu only when they can be used to serve all participants.
- Whether food is prepared on-site or prepared off-site and delivered, recipes need to provide a consistent quality and quantity of meals.
- Food preparation needs to present optimum flavor and appearance, while retaining nutrients and food value.

- Home-delivered meal packaging and packing —
  - Meals packaged at nutrition sites must be individually packaged before congregate meals are served. Whether home-delivered meals are packaged at nutrition sites or pre-plated at food preparation centers, they must be individually packaged, packed in insulated food carriers, and transported immediately.
  - All food delivery carriers must meet National Sanitation Foundation standards and must be sanitized daily by the food service provider.
  - Divided containers with air-tight seals must be used for hot food.
  - Bread must not be placed on top of other food.
  - Cold and hot food must be packaged and packed separately.
  - Individual containers with tight-fitting coverings must be used for all cold food. Sealable "sandwich" type bags may be used for bread.

Practice Guidelines

Permits/Inspections/Grade Cards
Each congregate nutrition program site should be located at an approved public or private facility meeting the following requirements:
(a) Each site has a "Permit to Operate" from the local health department prior to opening.
(b) Each site has a current Health Department inspection "grade card" posted.

Nutrition sites with on-site food preparation are inspected like restaurants on a quarterly basis. On the other hand, catered congregate nutrition sites are
inspected by local health departments only one time per calendar year. It is possible for more than 12 months to lapse between inspections and perhaps be closer to 2 years if a site is inspected at the beginning of one calendar year and then again near the end of the next.

Since nutrition sites are inspected or monitored by both Environmental Health Specialists and AAAs, both may be involved in corrective actions by a nutrition program. The Division of Aging expects local programs to maintain the highest quality of service delivery possible with a sanitation grade of "A" or 90%. However, a facility where food is prepared or served may drop below a grade of "A" or 90% and still be allowed to operate by the health department. Points may be deducted for deficiencies in buildings used by other programs not subject to Environmental Health rules or in buildings managed by entities not willing to address deficiencies identified by the Environmental Health Specialist. Communities are not always able to locate nutrition programs in ideal buildings if they want to offer meals in areas where people need them the most. These competing factors need to be resolved in the best interest of participants by nutrition providers, local health specialists, and AAAs. The main purpose of the DOA Administrative requirement is to have the AAA be informed and actively participating in providing support and oversight to a local nutrition program that falls below a grade of "A" or 90% as required by the Division's nutrition standards. The nutrition program may continue to operate at the AAA's discretion while efforts are made to resolve deficiencies, so long as the health department does not withdraw its permit to operate. The nutrition program must take corrective action within 7 days of the sanitation rating falling below an "A" or 90%.

Overview of Food Temperature Requirements
Providers are expected to comply with the temperature requirements of 15A NCAC 18A.2600 [specifically .2609 (g)], but all holding time requirements have been deleted from the Division of Aging service standards. The length of time between end of preparation and delivery must now be controlled through food contracts, and providers are strongly encouraged to assure the shortest holding time possible by the caterer or the agency. Maintaining temperatures at safe levels while preserving food quality, taste, and appearance depends on these contract provisions and fast delivery.

Temperature control is a part of the risk management procedures that an agency undertakes to protect all parties. There are clear challenges in maintaining temperatures in Older Americans Act nutrition programs. Whereas restaurants cook and serve food, most of our nutrition programs cook, hold, and then serve meals. Challenges include the length of time between preparation and serving, the adequacy of equipment for maintaining temperatures, the number of people
involved in handling and distributing meals, and the distance between drop-off points and clients.

Sometimes a lapse in procedures may lead to unpalatable food, and other times it may lead to foodborne illness. For this reason, all nutrition programs are required to document food temperatures and adhere to other risk management procedures, including the following:

➢ End of preparation time for food not prepared on-site and arrival time at the drop-off location must be documented. Even though there are no time requirements between end of food preparation and meals being dropped off, this is basic documentation for the line of control and responsibility for meals should there ever be a question related to foodborne illness in connection to the nutrition program meals.

➢ Packaging and transport equipment must maintain appropriate food temperatures.

➢ If congregate sites use warming or refrigeration equipment prior to serving food, then temperatures must also be taken and recorded at the time food is delivered.

➢ All hot food must be at least 140 °F and all cold food 45 °F or below at the time it is delivered or served to a participant.

➢ Time and temperatures must be taken just prior to serving congregate meals.

➢ Temperatures must be recorded for each food item on a menu, except bread products, crackers, cake, fresh fruit, and fruit cobblers.

➢ Home-delivered meals packaged at nutrition sites must be packaged before congregate meals are served, placed in insulated containers, and transported immediately. All home-delivered meals pre-plated by a caterer must be individually packaged, packed, and transported immediately.

➢ Temperatures must be taken at least once per month on each nutrition route. The nutrition program should evaluate whether it is more feasible to order an extra meal for the temperature check or to train staff to take the temperature from a participant tray without contaminating the food.

➢ All temperature records must be maintained for audit.

➢ If food temperatures are out of compliance at the time it is delivered to a home-delivered meal participant, corrective action plan must be implemented and documented. Possible solutions may include redesigning shorter routes, using heat stones, or using better equipment.

Providers may use an Environmental Health requirement to be judged on time rather than food temperature compliance. This entails a special process to obtain approval from the local Environmental Health Specialist in advance of the food being prepared [see rule .2609 (h) of 15A NCAC 18A.2600]. This requirement states that food must be served to the public within two hours of completing the cooking process or when food is otherwise removed from
required temperature controls. With prior approval from the Health Department, this provision allows a specified food item to be served below 140 degrees or above 45 degrees as applicable, but all of the unserved food must be thrown out after two hours.

Other Food Safety Issues
Nutrition rules require that agencies educate participants and staff about the sources and prevention of foodborne illness. This is especially important if unserved food leftover at a congregate nutrition site is taken home by participants or donated to food pantries or homeless programs. Agencies need to have guidelines regarding the handling and storage of leftover food.
VII. Nutrition Education and Programming

Summary of federal and state requirements

- Nutrition education and counseling
  - Nutrition program funding may provide not only meal service, but also nutrition education and counseling.
  - Nutrition education programs must be scheduled at least two times per quarter at each nutrition site.
  - Nutrition education for home-delivered meal clients must be provided at least two times per year.
  - Nutrition education on the sources and prevention of foodborne illness must be provided at least annually to staff and participants.

- Nutrition Programming
  - The nutrition site manager is responsible for activities at the site. A calendar of activities and programs must be posted at the beginning of each month at each site.

Practice Guidelines

The senior nutrition program is "more than a meal". Programmed activities should be provided daily at each site and posted on an activity calendar at the beginning of each month. Activities should be varied to include programs that promote exercise and healthy living, provide nutrition education, increase social interaction, and inform older adults about community-based services. Providers should establish partnerships with other community agencies that also serve seniors and have agreements with them to make presentations at nutrition sites about services and resources available to older adults. These agencies also can make arrangements with nutrition providers to offer services at nutrition sites. A number of sites cooperate with local health departments to offer flu shots or blood pressure screenings. Many also cooperate with local departments of social services when applications are being taken for programs such as the low-income energy assistance program.

Nutrition education helps promote health and prevent disease and is a required part of nutrition services (twice per quarter for nutrition sites and twice per year for home-delivered meal clients). A best practice would be to provide health education, health promotion, and food safety education on a regular monthly basis to congregate program participants. Programming on the sources and prevention of foodborne illness should be presented in connection with information about the nutrition program's policies on taking home leftover food.
NUTRITION EDUCATION AND PROGRAMMING

Nutrition education programs should go beyond written information alone and should include culturally appropriate activities. Examples of other ways to conduct nutrition education include cooking classes, field trips, food tasting sessions, gardening, and presentations covering food safety. Also, providers should consider connecting nutrition education presentations on the cardiovascular benefits of exercise with some fun exercises or walking programs.

One-on-one nutrition education instruction can be conducted with homedelivered meal clients during their six-month reassessment visits. Some programs make special arrangements for home-delivered clients who are determined to be at high risk of malnutrition. A registered dietitian visits these clients to complete nutritional assessments and provide individualized nutrition education activities. Emphasis should be placed on referring participants to available services indicated by reassessments as needed in order to help them maintain their independence at home.

Providers may budget for nutrition education as part of HCCBG nutrition services. However, both nutrition education and counseling are also allowable services under Title III-D Health Promotion/Disease Prevention funding. If providers are unable to use the HCCBG allocation for nutrition counseling because of a long meal waiting list but feel there is an unmet need in the county for nutrition counseling, they should discuss their needs with the Area Agency on Aging and inquire about opportunities to apply for health promotion funding.
VIII. Staffing and Training Requirements

Summary of federal and state requirements

- Nutrition programs are not required to employ a licensed dietitian or nutritionist, but arrangements must be made for a qualified dietitian/nutritionist to certify nutrition program menus.

- Nutrition providers must provide enough staff to operate the program, including a nutrition program director and, if funded for congregate nutrition, a site manager. Site managers may not be paid through the Home and Community Care Block Grant for more than 4 hours per day. Nutrition staff also must recruit, orient, train, and supervise volunteer staff to help with meal service and programming.

- Training:
  - Nutrition program directors must successfully complete within 12 months of employment at least 15 hours of instruction in food service sanitation and also participate in training on nutrition program management offered by the N.C. Division of Aging. They are responsible for day-to-day management and thus must be knowledgeable about administrative procedures, site operations, record-keeping and reporting requirements, food safety, and food service.
  - Site managers must be knowledgeable about site operations and record-keeping requirements, community resources and referral procedures, food safety, and food portioning.
  - All staff must be knowledgeable about the aging process.
  - All staff must know procedures for fire or disaster evacuations.

Practice Guidelines

Staffing
Although nutrition programs do not have to include dietitians on staff, federal rules do require that a dietitian or individual with comparable expertise be involved in planning nutrition services. Menu planning and review can be arranged through subcontracts or volunteer agreements.

A service provider should provide adequate staff to operate the nutrition program, based on the size of the nutrition program (number of nutrition sites and clients), the service area, the method and level of service provided, and outreach needed. The nutrition program director may be full-time or part-time, depending on the
size and scope of the program. Site managers can be paid for no more than four
hours per day out of the Home and Community Care Block Grant, and they may
work fewer hours if the nutrition provider can meet all requirements in less time.
Nutrition sites with good attendance and full activity schedules probably will need
to employ a site manager for at least four hours per day.

Training
Agencies should document that training is provided to staff. This may be done
with agendas and sign-in sheets for group training. For individual sessions,
documentation might take the form of a list of topics discussed that is signed or
initialed and dated by the staff member or volunteer. Agencies also could
assemble written information in booklets or binders for site managers and
volunteers and then document the date that information is explained and
distributed. Documentation may take many forms, but it is important to assure
that the nutrition agency has met the requirement for staff to have the required
skills and knowledge. This is usually done by documenting that they have
participated in training sessions.

Staff working in food preparation — whether paid or volunteer — must be under the
supervision of a knowledgeable person who can assure the application of
hygienic techniques and practices in food handling, preparation, and service.
The requirement for the nutrition program director to complete at least 15 hours
of instruction in food service sanitation may be met by completing a food
sanitation course offered by an accredited college or university or by completing
the SERVSAFE, Serving Safe Food Certification course offered through the
Education Foundation of the National Restaurant Association.

The N.C. Cooperative Extension Service, local health departments, and
community colleges often sponsor courses in communities across the state. To
see a schedule of upcoming local food service training courses posted on the NC
State University website, go to the following link:
http://www.ces.ncsu.edu/local-county-center/

In addition, the Division of Aging provides a basic orientation to nutrition program
management twice a year, required for nutrition program directors but also open
to site managers.

Nutrition agencies must assure that site managers are well versed not only in
food safety and food portioning, but also in site operations, community resources
and methods of referrals, and record-keeping (for example, documentation of
client registration information and documentation of meals ordered, received, and
served). Training in site operations should include among other things the
agency’s requirements for programming and nutrition education, procedures to
be followed in case of participant illness or injury, provisions for quarterly fire drills, and the agency's procedures for evacuating the site in case of fire or explosion.

Not only site managers but all staff should be trained in evacuation procedures in case of fire or explosion. In addition, you would expect that all staff (paid or volunteer) should understand the aging process and apply that awareness to their interactions and communications with the nutrition program participants.

Certain agency requirements – such as protecting confidentiality, safeguarding the collection of voluntary donations, or refraining from prohibited activities (e.g., giving medications) – may not be listed as training requirements but certainly are a part of program operations.

Some staff and volunteers are responsible for specific tasks that require individual training. For example, the person designated to receive food if food preparation is subcontracted to a caterer has certain responsibilities for documenting arrival time and notifying responsible parties if incomplete meals are delivered. Their training also should involve temperature control after food delivery if it is held prior to serving. Staff or volunteers who assist with food service should be taught how to portion food according to menu specifications. Congregate site workers may need instruction in how to provide assistance to participants who have difficulty walking or carrying trays.

Home-delivered meal volunteers also need training specific to their role in meal service, such as:
- maintaining temperatures while delivering food,
- procedures for documenting that a meal was delivered to a specific client,
- friendly visiting and providing assistance with opening meals, beverages, or utensils,
- what to do if they encounter an emergency at a client's home,
- how to report changes in a client's status or condition,
- how to report situations that look like the client or the household is in imminent danger,
- procedures for accepting donations, including Food Stamps,
- protecting confidentiality,
- not to leave a meal unless the participant is at home to receive it (unless other arrangements have been made),
- not to conduct financial transactions except those related to meal donations,
- not to administer medical treatment or medications, and
- not to accept gifts from participants.
STAFFING

Agencies must maintain some type of documentation that training has been offered to volunteers.

Other Staff Responsibilities
Our nutrition programs provide more than a meal to most participants. We strive to provide an environment where friendships develop, activities stimulate interest and participation, and seniors find a point of connection to other community resources as their circumstances change. This is why the nutrition rules make it a requirement for site managers to be trained in community resources and methods of referral and for congregate sites to have site managers who are responsible for activities at the site.

Programs can be educational, social, recreational, or inter-generational. They can be designed to foster continued involvement in the community through volunteer activities. Presentations about community resources should be arranged in cooperation with valuable partners such as the local library, parks and recreation, health department, mental health, social services, Cooperative Extension, and Social Security Administration. Whether for learning or for fellowship, these activities are what help our programs to be more than a meal.

In addition to programming, the other challenge and opportunity is for nutrition staff to become effective at knowing when and how to help link nutrition clients with other services provided by the agency or other service providers in the community. Nutrition staff often are acutely aware of changes in functioning, resources, and needs in the people they see weekly. A best practice for nutrition providers would be to train staff to assess the needs of home-delivered meal clients for other long-term care services and referral, rather than focusing strictly on eligibility and need for meals. For both homebound clients and lunch site participants, the nutrition program can be an extremely important entry point to services that will keep them functioning independently in their homes for as long as possible.
IX. Nutrition Program Administration

Summary of federal and state requirements

- Operation of nutrition programs
  - Except for holidays or emergency situations, nutrition programs must operate five days per week, 52 weeks per year, unless the Division of Aging has approved a waiver for a rural area where such frequency is not feasible.
  - Participants must be notified in writing of designated holidays.
  - The area to be served by the home-delivered meals program must be established in writing.
  - If feasible, services should include intergenerational meal programs in cooperation with schools or other facilities serving meals to children.
  - Nutrition programs should enter into contracts that limit the amount of time that meals spend in transit before they are consumed.
  - Nutrition program providers must be authorized by USDA to accept Food Stamps as contributions toward the cost of services and must conform to requirements for the use and handling of Food Stamps.

- Records of service activities must be maintained for client registration; meal service records; service cost-sharing; diet prescriptions for therapeutic diets; documentation of meals prepared, meals served, and meals unserved; and employment records.
  - Client records and units of service reports must be submitted on a regular basis, and errors must be corrected when they are identified.
  - Congregate – Client registration information must be updated annually for congregate nutrition clients.
  - Home-delivered – Client registration information must be updated when participants are reassessed every 6 months (except for temporary meal status).

- Nutrition program providers must maintain confidentiality of client records.

- Nutrition providers must inform participants about agency procedures governing the provision of services, confidentiality, waiting lists, service priorities, complaints and grievances, and other matters germane to the participant's decision to accept service.
NUTRITION PROGRAM ADMINISTRATION

- Congregate only requirements
  - There must be a site manager responsible for activities at the site.
  - Provisions must be made for meal service to eligible participants with disabilities and limited mobility.
  - The site should be located as close as feasible to the residences of the majority of people eligible for services.
  - The site must conform to all applicable fire code, building code, and sanitation code requirements of state and local government.
  - Each congregate nutrition site must be located at a facility that meets the following general requirements:
    (a) Has at least 12-14 square feet per person excluding halls, bathrooms, and kitchen areas.
    (b) Is an attractive facility where all eligible persons feel free to visit and where their cultural and ethnic background will not be offended.
    (c) Has an adequate number of sturdy tables and chairs appropriate for older adults.
    (d) Has at least one table surrounded by adequate aisle space (3 ft. 8 in.) to allow for persons with canes, walkers, crutches, or wheelchairs to move with ease. When necessary, this table shall be of sufficient height (2 ft. 8 in.) to permit persons in fixed-arm wheelchairs to dine comfortably.
    (e) Has at least 2 exits which are unlocked during hours of operation.
    (f) Has parking spaces available.
    (g) Has a safe and appropriate place to mount and dismount from vans or other group transportation vehicles.
    (h) Is heated during colder months to at least 72 degrees Fahrenheit while participants are present.
  - Each site must have an emergency plan for medical emergencies and evacuation in case of fire or explosion.
  - Each site must conduct fire drills quarterly during hours of site operation.
  - Each site must have posted in at least one visible location a written plan that describes procedures to follow in case a participant becomes ill or injured. This plan must be explained to staff, volunteers, and participants.

- Home-delivered only requirements
  - Within 7 days of referral, a written in-home assessment must be conducted. The applicant must be notified of the eligibility determination within 10 working days of the assessment.
  - A written in-home reassessment must be conducted every 6 months, except for people on temporary home-delivered meal status. This
NUTRITION PROGRAM ADMINISTRATION

- Reassessment must include the updating of client registration information.
- The nutrition provider must have written agency procedures for reporting changes in participant eligibility.
- The nutrition provider may only deliver meals to an eligible person residing in a home setting and only when an individual receives them.
- The home-delivered meal provider must maintain a daily written record, signed by the meal delivery personnel, of meals received by each client on each route.

- Prohibited activities
  - Funds may not be used to purchase vehicles to deliver meals.
  - Meals may not be provided to ineligible people without reimbursement of the full cost of the meal.
  - Therapeutic meals may not be served without a physician’s order on file and the nutrition program has the capability to provide the service.
  - Staff and volunteers may not administer medical treatment or medications.
  - Staff and volunteers may not carry out financial transactions except those related to service cost-sharing donations.
  - Staff and volunteers may not provide unapproved meals to participants.
  - Staff and volunteers may not accept gifts.
  - Congregate meal sites may not be closed or combined on a temporary or permanent basis (except in an emergency) without the prior written approval of the AAA administrator assuring that options for maintaining services have been considered.

- Nutrition Services Incentive Program (NSIP)
  - The NSIP is the new name for the USDA cash or commodities program authorized by the Older Americans Act for many years. Any meal that satisfies the requirements of the Older Americans Act (regardless of funding source) is eligible and may be reported for the NSIP cash or cash and commodities allocation as long as the program has the same OAA eligibility requirements for clients and the same OAA nutritional requirements for meals.
  - Meals are not eligible for NSIP if participants are means-tested as part of the eligibility requirements under other funding sources.
  - Meals are not eligible if a set fee is charged for them.
  - NSIP-eligible meal programs must provide participants with a voluntary opportunity to contribute toward the cost of meals.
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- For an agency to be eligible for NSIP reimbursement for meals provided with funding other than the NC Home and Community Care Block Grant (which includes Older Americans Act funding), the agency must be under the audit authority of the Area Agency on Aging. This means that the agency must have a grant agreement with the AAA. Agencies without a grant relationship to the AAA may not submit meals for NSIP reimbursement.
- NSIP funds must not be used to supplant nutrition funding under other sections of the Older Americans Act.
- NSIP cash in lieu of commodities can only be used by grant recipients and contractors to purchase U.S. agricultural commodities or other foods.

Practice Guidelines

Waivers – Providers must offer meal service 5 days a week year-round, except for holidays and emergencies. This federal and state requirement is waived only for good cause, and waivers must be requested annually.

Food preparation contracts – Nutrition providers should develop bid specifications (and enter into contracts) that limit the amount of time meals are in transit before they are consumed. Even though meal delivery requirements no longer include time compliance and instead focus on temperature compliance, it is still important to remember that food quality and appearance will always be linked to the time between end of preparation and consumption. Providers should negotiate contracts that give meal participants the most nutritious and pleasing product possible. Delivering food that meets temperature requirements but is unpalatable and unappetizing defeats the purpose of service delivery. Vendors must be held to contracts that limit the length of time between end of preparation and drop-off to the nutrition provider. The nutrition provider then has the responsibility to serve or deliver the food as expeditiously as possible in order to maintain both temperatures and quality.

Multiple funding sources – Providers are encouraged to seek additional funding, especially for the home-delivered meals program. Grants from churches, foundations, and other private sources can make a big difference in the number of meals served. Another source of public funding is the NC Medicaid-waiver program for disabled adults. The Medicaid Community Alternatives Program for Disabled Adults (CAP/DA) will reimburse for home-delivered meals provided to CAP clients as part of their care plans. Per 2003 guidance from the Administration on Aging, however, CAP/DA meals may not be reported for the Nutrition Services Incentive Program subsidy (formerly called the USDA cash or
commodities program) because meal recipients are means-tested as part of the eligibility determination for Medicaid.

*Nutrition Services Incentive Program* (NSIP) – The NSIP is not a new program. Until 2003, the program was administered by USDA as a cash and/or commodities program to supplement OAA meals, but it has been authorized under the Older Americans Act in one form or another since 1978. In 2003, administration of the program was transferred to the Administration on Aging. There are no significant changes in the program as a result of this transfer. Commodities or cash in lieu of commodities are still available. The new name refers to the fact that the cash or cash and commodity allocation is a proportional share of a federal fiscal year allocation. As long as meals satisfy the requirements of the OAA, they are eligible to be reported for purposes of the NSIP regardless of funding source. The more meals reported to AoA by a state, the larger the state’s share of the federal allocation is. Thus, the purpose of the program is to reward performance in meal delivery by programs funded, in whole or in part, under Titles III and VI of the OAA.

According to AoA, the basic criteria that make a meal eligible for the NSIP reimbursement are:

- Meals must meet the OAA nutrition requirements for 1/3 RDA and follow the Dietary Guidelines for Americans.
- Meals must be served to eligible individuals: a person who is 60 or over the spouse of a nutrition client who is aged 60 or over.
  - Eligibility may extend to certain eligible people under age 60, including people with disabilities who reside in housing for seniors with a congregate nutrition site or people with disabilities who live with and accompany eligible older adults to the nutrition program.
  - Eligibility may extend to volunteers providing services during meal hours.
- Participants may not be means-tested for eligibility.
- Regardless of funding sources, meals reported for the NSIP subsidy must be served by a provider who is under the jurisdiction, control, management, and audit authority of an Area Agency on Aging. This means that an agency is eligible if it has a grant agreement with the AAA. Privately funded nutrition programs or assisted living facilities that are not funded by the AAA are not eligible to participate in the NSIP.
- No set fee can be charged for the meals provided (private pay meals are not eligible).

NSIP cash still must be used to purchase U.S. agricultural commodities and other foods of U.S. origin. NSIP funds may not be used to supplant funds previously earmarked for services to older adults.
NUTRITION PROGRAM ADMINISTRATION

Private pay meals – Providers may develop private pay programs for any service offered by the agency. Public funding should not be used to support the provision of private pay meals to ineligible people. If ineligible individuals participate regularly in the HCCBG nutrition program, providers should charge them the full unit reimbursement rate for their meals. Providers must recoup at least the total cost of the meal for ineligible guests.

Consumer contributions – Requirements for soliciting contributions from participants are found in the HCCBG Procedures Manual. A carefully thought out approach to requesting donations could add significant resources and allow a provider to expand nutrition services.

Food Stamps – Nutrition providers are required to accept Food Stamps as contributions for meals. Since Food Stamps have become part of the federal Electronic Benefits Transfer (EBT) system, this is typically done through Offline Food Stamp Vouchers, which are filled out noting the participant’s contribution. If a provider receives a Food Stamp EBT voucher, it should be called in on the day it is received from the client. This can be done after participants leave a nutrition site, and a copy of the voucher can be given to the contributor the next day. All vouchers should be collected and mailed once a week to the EBT reimbursement processor. Home-delivered meal clients also can contribute using EBT vouchers, and volunteers can assist as needed. If a volunteer collects a voucher for contribution, it should be returned to the nutrition program office immediately just as the old Food Stamp coupons were. Copies of the contribution voucher can be returned to the home-delivered meal client after the voucher is processed.

Referrals to other community resources – If nutrition providers determine that a client is low income and potentially eligible for other community resources, it is important for them to make referrals. One important connection is to help low-income participants apply for the Food Stamp program. Participation rates indicate that only about 26% of eligible older adults in North Carolina actually receive Food Stamps. The average Food Stamp benefit for NC older adults is $45, a helpful amount of extra income that can be used for groceries during the month. Site managers should have the contact information for the county’s Dept. of Social Services Food Stamp representative available to distribute. This information can be given to any senior who says they are economically needy when the Client Registration Form (DOA-101) is being filled out or updated.

Expanding services through health promotion funding – Providers are reminded that nutrition counseling is an allowable activity under the Older Americans Act Title III-D health promotion/disease prevention funding. Local service providers with unmet needs in this area are encouraged to discuss their needs with the Area Agency on Aging. Although nutrition counseling is an allowable expenditure
as part of the regular nutrition services, sometimes it is not possible to meet both the demand for meals and the need for nutrition counseling through the HCCBG allocation. Nutrition counseling is an important intervention for people with specific health conditions.

Record-keeping – An essential part of administering a nutrition program is maintaining client records and documenting service activity. Client registration information (and updates) and units of service reports must be entered into the reimbursement system regularly. Providers should review Error Reports on a monthly basis and correct all errors immediately. Failing to do this means that reimbursement reports do not accurately reflect the balance of funding available to a provider, since funding is obligated but not paid until errors are corrected. Providers also should periodically print out other management reports such as the Client Master List and look for obvious errors. Meticulous record-keeping results in accurate reimbursements for nutrition providers, but this information also is used statewide and nationally to describe the clients receiving nutrition services in North Carolina. It is extremely important for all staff to be accurate in the information they collect from clients and in the data they report to the state information system.

Policies and procedures – Throughout these standards, both requirements and guidelines have been discussed that should be incorporated into an agency’s policies and procedures manual:
- Eligibility and service priority (including special eligibility policies if the agency provides meals to eligible underage people with disabilities or volunteers and written agency procedures for reporting changes in a person’s eligibility for home-delivered meals).
- Confidentiality policies and procedures (also see the HCCBG Procedures Manual for guidance).
- Policy to assure that participants have a choice of whether to pray, either silently or aloud, before meals at congregate sites.
- Procedures to be followed in case of participant illness, injury, or other medical emergencies.
- Evacuation procedures in case of fire or explosion.
- Prohibited activities per 10A NCAC 05K .0206.
- Guidelines for leftover food taken home by participants or donated to food pantries and homeless programs.
- Appeal procedures (also see the HCCBG Procedures Manual for guidance).
- Procedures regarding the request for contributions (also see the HCCBG for guidance).
Congregate Nutrition

Choosing a nutrition site — Many requirements and guidelines influence the choice of a nutrition site but generally include:
- the demographics of the surrounding area, including concentrations of older people and target populations identified by the Older Americans Act;
- whether the site would serve an unserved or underserved part of the county;
- local interest in the program;
- the availability and cost of transportation to the site;
- the cost and effort needed to meet environmental health permit requirements;
- how accessible the site is for people with disabilities;
- how comfortable and attractive the building and furnishings are, including acceptability in terms of the cultural and ethnic background of projected participants; and
- staff and overhead costs for the location.

Nutrition site agreements — Nutrition program providers should develop written agreements with the agency or organization where a congregate nutrition site is located. Providers are encouraged to use public facilities that do not charge the congregate nutrition program a fee for renting or leasing the nutrition sites.

Notifying the AAA and DOA of a change in nutrition sites — Nutrition providers must use Form DOA-302 to document the location of congregate nutrition sites in each county. The form must be updated and submitted to the AAA whenever sites change or days of operation change. The AAA will submit all forms from the region to the Division of Aging.

Closing a nutrition site — Unless an emergency occurs, a site cannot be closed permanently or temporarily without the written permission of the AAA. The AAA’s role is to assure that options for maintaining services have been considered.

Sometimes the concern is reversed, and the focus is on wasted resources when a site’s attendance is so low that costs seem to outweigh the benefits of keeping it open. Combining sites can reduce staff and overhead costs. Ultimately it is a county decision regarding location of congregate nutrition sites, but efforts should be made to increase participation so that per meal or per participant costs are lower overall and the county’s funding buys more service. Paying a site manager for a program that serves 10 or 11 people is not very cost effective.

A common rule of thumb is to aim for an average of at least 25 participants each day the site is in operation. One practical reason is that pans of food with this many servings in them tend to hold heat, and it is easier to maintain required food temperatures.
NUTRITION PROGRAM ADMINISTRATION

If the option of combining sites is ruled out for local reasons, then increasing participation must be the focus. There are no magic or unfailing prescriptions for adding new participants. Strategies for expanding participation might include:
- More or better outreach to promote the program,
- More transportation assistance to the site for people who need it,
- More or better programming to attract interest, and
- Better food or menus that are more palatable and responsive to cultural or ethnic preferences.

Transportation – Transportation for nutrition site participants who do not own cars, do not have access to a car, or do not possess a valid driver's license should be coordinated with existing transportation resources. Spouses under age 60 who are congregate nutrition participants are also eligible for transportation services to and from the meal site, if needed. Transportation assistance for spouses under age 60 is limited to going to and from the site. No units of service may be reported for any other transportation purpose.

Imminent danger – If congregate site staff members become aware of conditions placing an older adult or the household in imminent danger, they must report the situation to appropriate staff members for follow-up.

Emergencies – A congregate nutrition site manager has to prepared for the possibility that an emergency will take place while people are participating in the congregate nutrition program. The nutrition provider must develop plans for each site that outline how staff will handle medical emergencies and how the site will be evacuated in case of a fire or explosion. A written plan for handling participant illnesses or accidents must be posted in at least one visible location at each nutrition site. It is important to train staff – both paid and unpaid – about these procedures. In addition, the participants themselves should be generally familiar with emergency plans, or staff might not have their cooperation when it is needed most. This is one reason why fire drills have to be conducted quarterly – to give participants and staff some confidence and sense of control when a true emergency takes place. Staff and participants should know who is assigned to what role when a medical emergency takes place.

Home-delivered Nutrition

Home-delivered meal delivery – Agencies must assure that participants are at home to receive their meals unless other arrangements have been made. Volunteers should not leave meals outside a client's home under any circumstances and should notify appropriate staff when participants are not at home.
Volunteer vs. staff meal delivery – Providers have to arrange for the delivery of meals to homebound persons, by volunteers if possible. The home-delivered meals program depends heavily on the dependability, kindness, and skill of a host of volunteers who pick up and deliver meals. In some locations the need for volunteers outstrips the people available to provide this critical service. Since federal law does not prohibit staff delivery, the Division of Aging has responded to local requests and has made staff delivery an allowable expense and a local option. We strongly recommend that communities continue to recruit and train a volunteer force for meal delivery, given that home-delivered meals account for a large percentage of the Division's locally maintained waiting list for services. Using staff as back-up to a strong corps of volunteers allows us to deliver the most meals with limited Home and Community Care Block Grant funds. One approach to incorporating limited staff delivery as a local option is to open routes with staff while recruiting volunteers or to use staff only on routes where an agency consistently is unable to enlist people to service the area.

Volunteer staff training – Volunteers are the eyes and ears of an agency where homebound clients are concerned. Paid staff may not have face to face contact with a participant outside the 6-month reassessment visit, but volunteer staff regularly see their status and living conditions first-hand. It is very important for volunteer orientation and training to teach and promote confidentiality rules, as well as to teach the need to observe and report conditions for follow-up by appropriate nutrition program staff (i.e., not only conditions placing the older adult or the household in imminent danger, but also conditions indicating the need for referral to additional services). Clients may need help with opening meals, beverages, and utensils. Volunteers should be encouraged to take time for friendly visiting, but also to protect food temperatures by timely delivery along the meal route.

Emergency contact information – Nutrition providers should identify an emergency contact person for each participant on the home-delivered meals route, because volunteers may find situations at the client’s home requiring notification. The client registration form has a field to record this information. Training for volunteers should instruct them on how to notify the nutrition provider and the steps that will be taken. A best practice would be to include a phone number for the nutrition program office and written emergency procedures on the meal delivery route sheet.

Imminent danger – Agencies may learn from volunteer reports or reassessments about conditions that place an older adult or the household in imminent danger. Volunteers should be trained how to report situations to appropriate staff for follow-up. Staff must follow-up and refer to the appropriate officials.
Assessments/Reassessments – The nutrition rules require that agencies assess each participant in the home-delivered meals program at least every 6 months in the home, except for participants on temporary meal status (such as after hospitalization). Client information should be updated at the same time and entered into ARMS. Assessment/reassessment in this context means that a person’s situation is reviewed to assure that he or she:

- Has dietary needs that can be met by the home-delivered meals program as described in the Nutrition Program Menus section and as further defined locally to include hot or other appropriate meals.
- Is eligible or continues to be eligible for home-delivered meals.

Assessment/reassessment can also mean that information gathered from updating the client registration information such as the Nutrition Risk Score will help the nutrition provider to make good referrals.

The assessment form should include clear eligibility criteria for determining when services are authorized or terminated. Persons who are determined ineligible and able should be referred to the congregate meals program. Agencies also should use the in-home assessment visit to determine the most appropriate form of meal delivery in communities where frozen meals, shelf-stable meals, or liquid nutritional supplements are offered in addition to hot lunches. There is no state-mandated assessment form, giving communities the flexibility to develop forms based on the scope of local services (samples are provided in the appendices). Agencies must consider the adequacy of freezer and refrigeration equipment and the ability of the homebound older adult to prepare the meal, when authorizing frozen or shelf-stable meal service. If a local nutrition program provides emergency, weekend, or additional meals, the assessment form should include questions to document the need and authorize the service. These questions might include asking how the participant currently obtains food when the nutrition program is not in operation or asking about the availability of family or friends to obtain or prepare meals in the evenings or on weekends.
X. Documentation and Reporting

Summary of federal and state requirements

- Nutrition providers must maintain documentation of client eligibility and protect the confidentiality of all client information.

- Client registration information must be submitted for each client and updated on a regular basis (every 12 months for congregate and every 6 months for home-delivered). In addition, there must be a written in-home assessment and reassessment of each home-delivered meal participant, except those on temporary meal status, every 6 months. The initial assessment must be conducted within 7 days of referral, and notification regarding eligibility must provided to the applicant within 10 working days of assessment.

- Screening each client for nutritional risk is a federal requirement and is part of the HCCBG client registration process.

- Nutrition providers must maintain documentation of meals prepared, meals served, and meals unserved (usually recorded on meal delivery tickers, if food preparation is subcontracted).

- Diet prescriptions must be kept on file, if therapeutic meals are provided.

- Service-cost-sharing records must be maintained. Nutrition providers must follow federal and state requirements for collecting and reporting Food Stamps as contributions toward the cost of meals.

- Nutrition providers must submit client records and units of service reports for reimbursement on a regular basis. Errors must be corrected when they are identified. A unit of service is a hot or other appropriate meal that meets all menu requirements and is served to an eligible individual.

- Meals provided under other funding sources may be eligible for the Nutrition Services Incentive Program (NSIP) if they meet the same basic requirements as HCCBG meals. They must be reported as NSIP-only meals (formerly USDA-only meals) and are subject to audit by the AAA.
DOCUMENTATION AND REPORTING

- Additional HCCBG meals – Providers may serve additional meals beyond the one meal per day, 5 days per week, but must make an individual determination of need when authorizing additional meals.

Practice Guidelines

Other sections of these standards address documentation from the standpoint of compliance with requirements in those sections, for example, staff training, maintenance of temperatures, or administrative requirements. This section deals with documentation of client information and services.

Client Eligibility – Congregate and home-delivered meal clients have to be registered as clients using the DOA-101 Client Registration Form (CRF), unless the nutrition provider is a DSS reporting on the DSS Client Intake Form (DSS-5027) through SIS. Instructions for completing the CRF may be found in section 4 of the Home and Community Care Block Grant Procedures Manual (http://www.dhhs.state.nc.us/aging/manual/hccbg/hccbg.htm). Care should be taken to record accurate information when registering clients, as statistics compiled on people receiving nutrition services are reported statewide and nationally.

Client registration provides adequate documentation of client eligibility for congregate meal clients and spouses under age 60. For optional special eligibility clients receiving congregate meals, additional documentation is needed in the client records to document disability or volunteer status.

For home-delivered meal clients, client registration information is only the first step toward documenting that a person is eligible. The client record must include documentation that in-home assessments and reassessments every 6 months have been conducted to confirm a person’s eligibility in terms of condition and need (see the Eligibility section for a discussion of home-delivered meal eligibility criteria). People receiving home-delivered meals under special eligibility requirements need documentation related to disability, spouse/caregiver status, or volunteer status.

AAAs are responsible for developing procedures related to the documentation of special eligibility. If providers exercise their option to provide meals to volunteers or certain eligible adults with disabilities under age 60, they should confer with the AAA about the documentation needed in the client record.

Waiting List – Nutrition providers should document the number of people waiting for nutrition services by entering contact information in ARMS. DSSs that report
through SIS should submit waiting list information to their Area Agency on Aging for data entry in ARMS.

Assessments/Reassessments -- There are no required forms for nutrition assessments, giving agencies the flexibility to develop forms based on the scope of local services. If frozen or shelf-stable meals are provided as emergency, weekend, or additional meals, an assessment form should document that the agency has considered the adequacy of a person's freezer and refrigeration equipment, as well as their ability to reheat or prepare the meals. The assessment form also should document the need for weekend or additional meals beyond the traditional hot lunch Monday through Friday. This is easily done through the typical home-delivered meal assessment, which looks at functional limitations and the availability of a support system when the nutrition program is not in operation. Similar notations of need should be documented if weekend or additional meals are provided to congregate clients.

When service reassessments are conducted (every 12 months for congregate and every 6 months for home-delivered), the information on the Client Registration Form must be updated. Only the signature of the agency staff person completing the client registration information update is required so long as an original client signature is maintained on file.

Screening for Nutritional Risk -- The DETERMINE Your Nutritional Risk Checklist must be completed each time the client registration information is updated, and a paper copy of the DETERMINE checklist should be on file with the client registration form. Nutrition clients may complete their own forms or staff may administer the survey, as appropriate, but the nutritional risk score must be documented and updated regularly. It is appropriate to use this screening as an indicator of whether referral for additional screening or services is necessary. Information on the DETERMINE checklist also may be used to document the need for additional meals.

Therapeutic Diet Meals -- If an agency provides therapeutic diet meals, the client record must include the physician's written order, updated every 6 months.

Liquid Nutritional Supplement -- The client record of a person receiving liquid nutritional supplement products must include the same client registration form as other nutrition clients and the written authorization of a professional (physician, physician's assistant, nurse practitioner, registered nurse, or licensed dietitian/nutritionist), updated at least every 6 months. This includes special authorization on file for supplements to be used as a meal replacement, if applicable. Typically it takes 2 cans of the supplement product to meet the 1/3 RDA requirement. If one box of 12 cans is delivered to a client, per a
professional’s authorization, then 6 meals may be claimed for reimbursement on the date of delivery.

*Nutrition Services Incentive Program (NSIP)* — The NSIP (formerly referred to as the USDA subsidy) is available to agencies funded by the HCCBG for nutrition services. Even though the name has changed, there are no changes in how meals are reported for NSIP. All meals reported for the HCCBG will receive the NSIP subsidy.

NSIP-only meals — Providers with additional funding sources may submit those meals for reimbursement as NSIP-only (formerly known as USDA-only) under service codes 181 (congregate) and 021 (home-delivered). Documentation requirements are the same as for the HCCBG meals, except for cost-sharing provisions (no requirement to solicit — may collect voluntary contributions — may not charge a set fee). Client eligibility criteria are the same, and meals must meet the same nutritional requirements. The meals must be served by an agency that is under the jurisdiction, control, management, and audit authority of the Area Agency on Aging (meaning they must have a grant agreement with the AAA). Records of NSIP-only meals served to specific clients on specific dates must be kept on file for audit.

*Documenting Meals Served* — Agencies providing nutrition services must maintain documentation of meals ordered, meals served, and meals unserved. Delivery tickets from the caterer often serve to record the number of meals ordered and received. They can also record missing items and other problems with the meals delivered. Incomplete meals, unserved meals, and leftover food served as second helpings cannot be reported for reimbursement. Providers are encouraged to use a reservation system to reduce the number of unserved meals.

For congregate meals, a best practice is to have a sign-in sheet at each nutrition site to verify who received meals, but it is acceptable to record meals served by date on the ZGA-903 “turnaround document”. Food left after everyone has been served at a congregate site may be served as seconds, but they may not be reported for reimbursement as additional meals served. For home-delivered meals, meal delivery personnel must sign the route sheet or similar documentation to certify that meals were delivered to specific clients on each route.

More than one meal may be recorded per delivery date if a person receives additional meals or emergency meals. Meals should always be reported on the date they are distributed or delivered.
Eligible Meals – To be eligible for reimbursement, a meal must meet all the requirements listed in the Nutrition Program Menus section:
- A licensed dietitian/nutritionist has to approve the menus based on a nutrient analysis and all menu requirements. Substitutions have to be certified as meeting menu requirements.
- The nutrition provider has to offer a complete meal to an eligible client. Nutrition participants have the right to refuse food items, but the food items must be available to be served.
A unit of service equals one hot or other appropriate meal served to an eligible individual.

Tying Eligible Meals to Eligible Clients – No provider wants disallowed meals denied for reimbursement, but lack of any of the following documentation can create problems:
- Make sure that documentation of client eligibility is on file and up-to-date.
- Make sure that documentation of a meal’s eligibility is on file. This means menu certification, including menu substitutions and nutrient analysis, and may also include authorization by a professional for liquid nutritional supplement or therapeutic diet meals.
- Make sure that documentation is on file to show that an adequate number of meals were ordered and that enough complete meals were received to verify that all the meals reported for reimbursement were eligible.

Consumer Contributions

Documentation requirements for requesting consumer cost-sharing are outlined in section 5 of the HCCBG Procedures Manual.

Requirements for documenting, depositing, and reporting contributions follow some common sense guidelines. The donations should always be counted and recorded by two people, for their own protection and because this is an accepted accounting practice. The person who verifies and deposits the funds should not be the same person who counted and recorded the donations. The donation record should match the deposit record on the agency’s general ledger. This amount should also match the report of program income on ARMS financial reports. An agency must never reduce the amount of donations reported because of petty cash purchases. Strict accounting procedures should be used.

ARMS Reports
A variety of reports based on client and unit information submitted to ARMS are available to nutrition program providers. Providers are urged to check these reports regularly in order to verify if correct information is in the system.
APPENDIX A
OLDER AMERICANS ACT NUTRITION REQUIREMENTS

The Older Americans Act of 1965, as amended by P.L. 106-501 in November 2000, provides the federal requirements for nutrition programs funded under the N.C. Home and Community Care Block Grant. The act will be codified in Title 42, Chapter 35 - Programs for Older Americans, of the U.S. Code, but the official version is not yet available. An unofficial version of the codified rules can be accessed through the Administration on Aging website: http://www.aoa.gov/AoARoot/AoA_Programs/OAA/index.aspx

The following six sections of 42 U.S.C. Chapter 35 specifically pertain to nutrition services:

- 42 USC sec. 3030a - Nutrition Services Incentive Program
- 42 USC sec. 3030c - Congregate Nutrition Services - Grants for Establishment and Operation of Nutrition Projects
- 42 USC sec. 3030f - Home Delivered Nutrition Services - Grants for Establishment and Operation of Nutrition Projects for Older Individuals
- 42 USC sec. 3030g - Home Delivered Nutrition Services - Efficiency and Quality Criteria
- 42 USC sec. 3030g-21 - General Provisions - Nutrition
- 42 USC sec. 3030g-22 - General Provisions - Payment Requirement

TITLE 42 - THE PUBLIC HEALTH AND WELFARE
CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS
SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING
Part A - General Provisions

42 USC Sec. 3030a. Nutrition services incentive program

(a) Purpose
The purpose of this section is to provide incentives to encourage and reward effective performance by States and tribal organizations in the efficient delivery of nutritious meals to older individuals.

(b) Allotment and provision of cash or commodities
(1) The Secretary of Agriculture shall allot and provide in the form of cash or commodities or a combination thereof (at the discretion of the State) to each State agency with a plan approved under this subchapter for a fiscal year, and to each grantee with an application approved under title VI of this chapter for such fiscal year, an amount bearing the same ratio to the total amount appropriated for such fiscal year under subsection (e) of this section as the number of meals served in the State under such plan approved for the preceding fiscal year (or the number of
meals served by the title VI grantee, under such application approved for such
preceding fiscal year), bears to the total number of such meals served in all States
and by all title VI grantees under all such plans and applications approved for such
preceding fiscal year.
(2) For purposes of paragraph (1), in the case of a grantee that has an application
approved under title VI of this chapter for a fiscal year but that did not receive
assistance under this section for the preceding fiscal year, the number of meals
served by the title VI grantee for the preceding fiscal year shall be deemed to equal
the number of meals that the Assistant Secretary estimates will be served by the title
VI grantee in the fiscal year for which the application was approved.

(c) Donation of products
(1) Agricultural commodities and products purchased by the Secretary of Agriculture
under section 612c of title 7, shall be donated to a recipient of a grant or contract to
be used for providing nutrition services in accordance with the provisions of this
subchapter.
(2) The Commodity Credit Corporation shall dispose of food commodities under
section 1431 of title 7 by donating them to a recipient of a grant or contract to be
used for providing nutrition services in accordance with the provisions of this
subchapter.
(3) Dairy products purchased by the Secretary of Agriculture under section 1446a-1
of title 7 shall be used to meet the requirements of programs providing nutrition
services in accordance with the provisions of this subchapter.

(d) Cash payments in lieu of food commodities
(1) In any case in which a State elects to receive cash payments, the Secretary of
Agriculture shall make cash payments to such State in an amount equivalent in
value to the donated foods which the State otherwise would have received if such
State had retained its commodity distribution.
(2) When such payments are made, the State agency shall promptly and equitably
disburse any cash it receives in lieu of commodities to recipients of grants or
contracts. Such disbursements shall only be used by such recipients of grants or
contracts to purchase United States agricultural commodities and other foods for
their nutrition projects.
3) Nothing in this subsection shall be construed to authorize the Secretary of
Agriculture to require any State to elect to receive cash payments under this
subsection.
(4) Among the commodities delivered under subsection (c) of this section, the
Secretary of Agriculture shall give special emphasis to high protein foods. The
Secretary of Agriculture, in consultation with the Assistant Secretary, is authorized to
prescribe the terms and conditions respecting the donating of commodities under
this subsection.

(e) Authorization of appropriations
There are authorized to be appropriated to carry out this section (other than
subsection (c)(1) of this section) such sums as may be necessary for fiscal year
2001 and such sums as may be necessary for each of the 4 succeeding fiscal years.

(f) Dissemination of information
In each fiscal year, the Secretary of Agriculture and the Secretary of Health and Human Services shall jointly disseminate to State agencies, area agencies on aging, and providers of nutrition services assisted under this subchapter, information concerning—

(1) the existence of any Federal commodity processing program in which such State agencies, area agencies on aging, and providers may be eligible to participate; and

(2) the procedures to be followed to participate in the program.


TITLE 42 - THE PUBLIC HEALTH AND WELFARE
CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS
SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING
Part C - Nutrition Services
subpart i - Congregate nutrition services

Sec. 3030e. Grants for establishment and operation of nutrition projects

The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 3027 of this title for the establishment and operation of nutrition projects—

(1) which, 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide;

(2) which shall be provided in congregate settings, including adult day care facilities and multigenerational meal sites; and

(3) which may include nutrition education services and other appropriate nutrition services for older individuals.

TITLE 42 - THE PUBLIC HEALTH AND WELFARE
CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS
SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING
Part C - Nutrition Services
subpart ii - home delivered nutrition services

42 USC Sec. 3030f. Grants for establishment and operation of nutrition projects for older individuals

The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 3027 of this title for the establishment and operation of nutrition projects for older individuals which, 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), provide at least one home delivered hot, cold, frozen, dried, canned, or supplemental foods (with a satisfactory storage life) meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide.


TITLE 42 - THE PUBLIC HEALTH AND WELFARE
CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS
SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING
Part C - Nutrition Services
subpart ii - home delivered nutrition services

42 USC Sec. 3030g. Efficiency and quality criteria

The Assistant Secretary, in consultation with organizations of and for the aged, blind, and disabled, and with representatives from the American Dietetic Association, the Dietary Managers Association, the National Association of Area Agencies on Aging, the National Association of Nutrition and Aging Services Programs, the National Association of Meals Programs, Incorporated, and any other appropriate group, shall develop minimum criteria of efficiency and quality for the furnishing of home delivered meal services for projects described in section 3030f of this title. The criteria required by this section shall take into account the ability of established home delivered meals programs to continue such services without major alteration in the furnishing of such services.

TITLE 42 - THE PUBLIC HEALTH AND WELFARE
CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS
SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING
Part C - Nutrition Services
subpart iii - general provisions

42 USC Sec. 3030g-21. Nutrition

A State that establishes and operates a nutrition project under this chapter shall -
(1) solicit the advice of a dietitian or individual with comparable expertise in the planning of nutritional services, and
(2) ensure that the project -
   (A) provides meals that -
      (i) comply with the Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture,
      (ii) provide to each participating older individual -
          (I) a minimum of 33 1/3 percent of the daily recommended dietary allowances as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day,
          (II) a minimum of 66 2/3 percent of the allowances if the project provides two meals per day, and
          (III) 100 percent of the allowances if the project provides three meals per day, and
      (iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants,
   (B) provides flexibility to local nutrition providers in designing meals that are appealing to program participants,
   (C) encourages providers to enter into contracts that limit the amount of time meals must spend in transit before they are consumed,
   (D) where feasible, encourages arrangements with schools and other facilities serving meals to children in order to promote intergenerational meal programs,
   (E) provides that meals, other than in-home meals, are provided in settings in as close proximity to the majority of eligible older individuals' residences as feasible,
   (F) comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual,
(G) ensures that meal providers carry out such project with the advice of dietitians (or individuals with comparable expertise), meal participants, and other individuals knowledgeable with regard to the needs of older individuals,

(H) ensures that each participating area agency on aging establishes procedures that allow nutrition project administrators the option to offer a meal, on the same basis as meals provided to participating older individuals, to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside at home with and accompany older individuals eligible under this chapter,

(I) ensures that nutrition services will be available to older individuals and to their spouses, and may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided, and

(J) provides for nutrition screening and, where appropriate, for nutrition education and counseling.


TITLE 42 - THE PUBLIC HEALTH AND WELFARE
CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS
SUBCHAPTER III - GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING
Part C - Nutrition Services
subpart iii - general provisions

42 USC Sec. 3030g-22. Payment requirement

Payments made by a State agency or an area agency on aging for nutrition services (including meals) provided under part A, B, or C of this subchapter may not be reduced to reflect any increase in the level of assistance provided under section 3030a of this title.

APPENDIX B
OAA FEDERAL REGULATIONS
PERTAINING TO NUTRITION REQUIREMENTS

The most current regulations promulgated by the U.S. Administration on Aging for the Older Americans Act of 1965 as amended may be accessed through the AoA website: http://www.aoa.gov/AoARoot/AoA_Programs/OAA/index.aspx

The regulations pertaining to nutrition service requirements identified below are excerpts from 45 CFR 1321. The source is 53 FR 33766, August 31, 1988. As of the effective date of the current NC nutrition standards (effective 7-1-03), the Administration on Aging is rewriting the regulations for the 2000 amendments to the OAA.

Headings and introductory material are included in the excerpts below. Sections not pertaining to nutrition are excluded, and thus the numbering is not sequential because of the omitted subsections.

45 CFR Sec. 1321.17 Content of State plan.

To receive a grant under this part, a State shall have an approved State plan as prescribed in section 307 of the Act. In addition to meeting the requirements of section 307, a State plan shall include:

f. Each of the assurances and provisions required in sections 305 and 307 of the Act, and provisions that the State meets each of the requirements under Secs. 1321.5 through 1321.75 of this part, and the following assurances as prescribed by the Commissioner:

12. Individuals with disabilities who reside in a non-institutional household with and accompany a person eligible for congregate meals under this part shall be provided a meal on the same basis that meals are provided to volunteers pursuant to section 307(a)(13)(l) of the Act.

45 CFR Sec. 1321.69 Service priority for frail, homebound or isolated elderly.

a. Persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.

b. The spouse of the older person, regardless of age or condition, may receive a home-delivered meal if, according to criteria determined by the area agency, receipt of the meal is in the best interest of the homebound older person.
ADMINISTRATIVE LETTER NO. DAAS 14-14

TO: Area Agencies on Aging Administrators
    County Departments of Social Services Directors
    Aging Service Providers

FROM: Suzanne P. Merrill, Division Director

DATE: December 5, 2014

SUBJECT: Subcontractor Monitoring

The purpose of this Administrative Letter is to provide updated policies and procedures for evaluating and monitoring subcontracts between Community Service Providers and other entities for the provision of Home and Community Care Block Grant (HCCBG) and other funds administered by Area Agencies on Aging. This guidance replaces the policy found in DAAS Administrative Letter 13-15 dated August 22, 2013. Our goal continues to focus on assured accountability of subcontractors, including compliance with the terms of the subcontracts, and to promote quality services for older adults and their families.

The updates regarding Subcontractor Monitoring are as follows:

1. Section 308, Monitoring of Community Service Providers, of the Area Agency on Aging (AAA) Policies and Procedures Manual (http://www.ncdhhs.gov/aging/monitor/sec308_AAA2013.pdf) has been updated. HCCBG Community Service Providers will continue to submit copies of any subcontracts to their respective Area Agency on Aging, however there is no longer a requirement for the AAA to ‘approve’ local subcontracts.

2. Community Service Providers must complete an annual “Subcontractor Performance Evaluation” and submit it to the AAA for review as required in 2014, however these forms have been updated and clarified. The Subcontractor Performance Evaluation must be completed between January 1 and June 1, 2015 and can be found at http://www.ncdhhs.gov/aging/monitor/mtools.htm

www.ncdhhs.gov • www.ncdhhs.gov/aging
Tel 919-855-3400 • Fax 919-733-0443
Location: Taylor Hall, 693 Palmer Drive • Raleigh, NC 27603
Mailing Address: 2101 Mail Service Center • Raleigh, NC 27699-2101
An Equal Opportunity / Affirmative Action Employer
## HCCBG Subcontractor Performance Evaluation

**Provider Agency Name**  
**Director Signature**  
**Subcontractor Agency Name**  
**Manager on Duty**  
**Date of evaluation**  

**Service Name**  
Congregate Nutrition

### Required Assurances:

<table>
<thead>
<tr>
<th>For Profit and Non-Profit Subcontractors:</th>
</tr>
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<tbody>
<tr>
<td>1. Subcontractor has been Suspended or Debarred by the State of NC? (<a href="http://www.osbm.state.nc.us">www.osbm.state.nc.us</a>)</td>
</tr>
<tr>
<td><strong>Instructions:</strong> If &quot;Yes&quot;, notify the subcontractor and contact the Area Agency on Aging for further guidance.</td>
</tr>
<tr>
<td>2. Is the subcontractor barred from doing business at the federal level? (<a href="http://www.sam.gov">www.sam.gov</a>)</td>
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<td><strong>Instructions:</strong> If &quot;Yes&quot;, notify the subcontractor and contact the Area Agency on Aging for further guidance.</td>
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<tr>
<td>3. A notarized &quot;State Grant Certification of No Overdue Tax Debts&quot; has been provided by the subcontractor?</td>
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<td><strong>Instructions:</strong> If &quot;No&quot;, notify the subcontractor to complete this requirement.</td>
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<th>For Profit Subcontractors:</th>
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<td>1. The subcontractor has provided a copy of their business license?</td>
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<tr>
<td><strong>Instructions:</strong> If &quot;No&quot;, the subcontractor must provide verification of a valid business license.</td>
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<tr>
<th>For Non-Profit Subcontractors:</th>
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<tr>
<td>1. Is the subcontractor currently registered as charitable organization (501c3) with the federal government? (<a href="http://www.irs.gov/Charities-Non-Profits/Exempt-Organizations-Select-Check">www.irs.gov/Charities-Non-Profits/Exempt-Organizations-Select-Check</a>)</td>
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<tr>
<td><strong>Instructions:</strong> If &quot;No&quot;, notify the subcontractor and contact the Area Agency on Aging for further guidance.</td>
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<tr>
<td>Question</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>1. Food is prepared in a Graceful kitchen? (DAAS Std. p.2)</td>
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<tr>
<td>2. Hot food is not less than 135 degrees? (DAAS Std. p.25)</td>
</tr>
<tr>
<td>3. Cold food is not more than 45 degrees? (DAAS Std. p.25)</td>
</tr>
<tr>
<td>4. Menus meet needs of ADA &amp; meal Standards (DAAS Std p.9)</td>
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<tr>
<td>5. Food is packaged and transported safely? (DAAS Std p.24-25)</td>
</tr>
<tr>
<td>6. Consumer Contributions opportunity is offered?</td>
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</table>

Subcontract Scope of Work:

Is the subcontractor currently meeting the terms and conditions of the subcontract?

Yes [ ] No [ ]

If no, please **describe** areas of non-compliance found:
HCCBG Subcontractor Performance Evaluation

Describe the corrective action plan:

Was all or part of the DAAS Service Monitoring Tool used to conduct your evaluation?
If yes, please attach.  Yes [ ]  No [ ]

AAA ONLY: Level of Risk: High, Moderate, Low (Circle one)

Instructions: The HCCBG Subcontractor Performance Evaluation is to be completed annually by Community Service Providers who subcontract a portion or all of any HCCBG Service to a non-profit or for-profit entity. This form is to be completed between January - June of each year and submitted to the Area Agency on Aging.
NC DIVISION OF AGING AND ADULT SERVICES AND
NC AREA AGENCIES ON AGING
NUTRITION SERVICES ASSESSMENT TOOL

PART I
Staff Interviews and Review of Related Documentation

Provider Agency: ___________________________ Assessment Date: ________________
Agency Staff Interviewed: ______________________________________________________
Signature of AAA Interviewer: _________________________________________________

**Nutrition Service Reimbursements:**
1. Check all nutrition services reimbursed through the NC Division of Aging:

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>Congregate Nutrition (180)</td>
<td></td>
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<tr>
<td>Congregate Nutrition – NSIP-only (181)</td>
<td></td>
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<tr>
<td>Congregate Liquid Nutritional Supplement (182)</td>
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<tr>
<td>Home-delivered Nutrition (020)</td>
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<td>Home-delivered Nutrition – NSIP-only (021)</td>
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<tr>
<td>Home-delivered Liquid Nutritional Supplement (022)</td>
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</table>

**Meal Options:**
2. Check all options for service delivery supported by the Home and Community Care Block Grant:

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
<th>Frequency?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot lunches</td>
<td></td>
<td></td>
<td>(e.g., 5 days/wk, emergencies, as funding allows, occasionally)</td>
</tr>
<tr>
<td>Frozen meals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelf-stable meals</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Liquid nutritional supplements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional meals: morning meal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional meals: evening meal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional meals: weekend meals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic diet meals</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Check all options for service delivery supported by other funding sources and reported for NSIP-only (formerly USDA-only) reimbursement:

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
<th>Frequency?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot lunches</td>
<td></td>
<td></td>
<td>(e.g., 5 days/wk, emergencies, as funding allows, occasionally)</td>
</tr>
<tr>
<td>Frozen meals</td>
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</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Additional meals: weekend meals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic diet meals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C = Congregate only</td>
<td>HD = Home-delivered only</td>
<td>None = Both</td>
<td>N.A.</td>
</tr>
<tr>
<td>---------------------</td>
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</tr>
<tr>
<td>C-4. Nutrition provider has on file a completed Attachment A: Site Review for each nutrition site.</td>
<td></td>
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<tr>
<td>C-5. Congregate meal provider offers at least one hot or other appropriate meal per day in a congregate setting. [Standards p. 3]</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>C-6. Documentation is on file that fire drills are conducted quarterly at each congregate nutrition site. [Standards p. 34] List exceptions:</td>
<td></td>
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</tr>
<tr>
<td>C-7. A current fire department inspection report has been completed for all sites according to the local fire code inspection schedule, or agency can show efforts to have inspection completed. [Standards p. 34] List exceptions:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-8. There are paid site managers, and they are paid for no more than 4 hours per day out of the Home and Community Care Block Grant. [Standards p. 29]</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>C-9. Site managers are responsible for activities at their sites and post a calendar of activities at the beginning of each month at each site. [Standards p. 27]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-10. Documentation is on file that site managers have received training or are knowledgeable because of previous experience about site operations, record-keeping requirements, community resources and referral procedures, food safety, and food portioning. [Standards p. 29]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-11. Each nutrition site has an emergency plan for medical emergencies and evacuation in case of fire or explosion. [Standards p. 34]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-12. Each nutrition site has posted in at least one visible location a written plan that describes procedures to follow in case a participant becomes ill or injured. [Standards p. 34]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Except for holidays or emergencies, meals are offered 5 days per week, 52 weeks per year, or DAAS has approved a waiver for lesser frequency. [Standards p. 33]</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>14. Nutrition provider offers nutrition counseling as part of nutrition services. If yes, please describe how services are delivered. [Standards p. 27]</td>
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<tr>
<td></td>
<td>N.A.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
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</tr>
<tr>
<td>15. Food is prepared <strong>on-site</strong>. If not, name the current vendor for food preparation and delivery:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. An annual survey of participants soliciting menu suggestions and client satisfaction is on file. [Standards p. 12] Comments?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>17. The nutrition provider arranges for the services of a licensed dietitian/nutritionist. [Standards p. 29]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Describe the arrangements for the dietitian/nutritionist's involvement in the nutrition program (for example, who employs the dietitian, does the dietitian develop the menus and recipes, how often does the dietitian review menus, how does the dietitian receive menu substitutions for approval, etc.)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>19. Does the nutrition provider have approval from the Environmental Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. The nutrition provider notifies the AAA if the sanitation grade falls below &quot;A&quot; or 90%. [Standards p. 20]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Food is received by staff or trained volunteers. Meal arrival time is documented, signed by the person receiving the food. If food is held prior to serving in warming or refrigeration equipment, temperatures are taken and recorded at the time of food delivery. [Standards p. 21] List any exceptions noted by nutrition staff.</td>
<td></td>
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</tr>
<tr>
<td>22. There is a paid nutrition program director. [Standards p. 29]</td>
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</tr>
<tr>
<td>23. The nutrition program director successfully completed within the first 12 months of employment at least 15 hours of instruction in food service sanitation. [Standards p. 29]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part II – AAA Observations and Review of Activities at Nutrition Sites and on Home-delivered Meal Routes  Page 3
24. The nutrition program director participated within the first 12 months of employment in DAAS training on nutrition program management. [Standards p. 29]

25. The nutrition staff can demonstrate efforts to train current volunteer staff. [Standards p. 29]

<table>
<thead>
<tr>
<th>Answer the following as true/false statements.</th>
<th>N.A.</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Nutrition provider does not use funds to purchase vehicles to deliver meals. [Standards p. 35]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Nutrition provider does not provide meals to ineligible people without reimbursement of the full cost of the meal. [Standards p. 35] Ineligibility criteria on Standards p. 6: People whose dietary needs cannot be met through the meals offered. People residing in long-term care facilities or enrolled in care-providing programs (including adult day care/day health, except that people attending day care/day health centers may receive meals on the days they do not participate in the adult day program).</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>28. Nutrition provider does not serve therapeutic meals without a physician's order on file and unless the program has the capability to provide the service. [Standards p. 35]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Nutrition provider staff and volunteers do not administer medical treatment or medications. [Standards p. 35]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Nutrition provider staff and volunteers do not carry out financial transactions except those related to donations. [Standards p. 35]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Nutrition provider staff and volunteers do not provide unapproved meals to participants. [Standards p. 35]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Nutrition provider staff and volunteers do not accept gifts. [Standards p. 35]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Congregate nutrition sites are not closed or combined on a temporary or permanent basis (except in an emergency) without the prior written approval of the AAA administrator assuring that options for maintaining services have been considered. [Standards p. 35]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

34. Utilization levels for the HCCBG budget at the time of the AAA assessment are consistent with budget projections for the fiscal year. If not, describe appropriate adjustments.

N.A. Yes No
35. Reconciliation of Units: The purpose of this question is to reconcile the total number of units, by service, reimbursed from ARMS to the total number of units recorded on the ZGA-903 (turnaround documents). With nutrition staff, reconcile a sample month of units by completing the following:

<table>
<thead>
<tr>
<th></th>
<th>Congregate Nutrition</th>
<th>Home-delivered Meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. = The total units reimbursed by ARMS for the month of (See the ZGA 370 or the Units of Services Verification Report)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. = Total units submitted for keying from the ZGA 903 to ARMS for the month chosen above.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. = Less units not accepted by ARMS for the chosen month (see error report, if applicable. If the provider keys directly into ARMS, enter zero)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. = Add units keyed and accepted by ARMS in the month chosen above that were disallowed in a previous month(s).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. = Total (B - C + D): Item A (total units reimbursed) and item E (adjusted units recorded) should equal.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Explain any difference between units reimbursed by ARMS (A) and adjusted units recorded (E).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 36. Two individuals open, count, and record consumer contributions. | N.A. | Yes | No |
| 37. The person making deposits is different from the people counting and recording contributions. |                      |                      |
| 38. Verify program income reported in ARMS: The amount of program income in ARMS for the month of [ ] is the same as the program amount in the agency's General Ledger for the same referenced date. If not, explain. |                      |                      |
39. Program Income Verification: The purpose of this question is to verify the amount of program income (cost sharing) collected at the provider's nutrition site equals the amount recorded in the provider's accounting records. With assistance from nutrition/agency staff, trace one or more sample transactions from the point of collecting program income through recording in the General Ledger:

$________ Amount collected at _____________ Nutrition Site on ________________ (date)

$________ Amount counted and recorded at ________________________________ location
(if the administrative offices are a different location from nutrition site)

$________ Amount recorded on deposit slip for the sample date.

$________ Amount recorded in General Ledger or accounting records of the provider.

There should be a clear audit trail from the point of counting program income to the point of deposit and recording in the General Ledger. Explain any difference in these amounts:

---

HD-40. Home-delivered meal provider delivers at least one hot, cold, frozen, dried, canned, or supplemental meal per day to homebound older adults. [Standards p. 3]

HD-41. Nutrition provider has written procedures for reporting changes in the eligibility of home-delivered meal clients (i.e., termination of services). [Standards p. 7]

HD-42. Nutrition provider has procedures to document eligible home-delivered meal clients receive telephone client reassessments every other 6 months. [DAAS Adm Ltr No. 05-13]

Corrective Action/Technical Assistance:
NC DIVISION OF AGING AND ADULT SERVICES AND
NC AREA AGENCIES ON AGING
NUTRITION SERVICES ASSESSMENT TOOL

PART II

AAA Observations and Review of Activities
at Nutrition Site(s) and on Home-delivered Meal Route(s)

<table>
<thead>
<tr>
<th>Name of nutrition site visited and date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C-1. Obtain copy of agency's Attachment A: Site Review. AAA's observations on-site agree with provider's assessment. If not, note exceptions:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>N.A.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C-2. Identify the names of 3-5 individuals who received a meal on the day of the site visit:</th>
</tr>
</thead>
</table>

| [Include 2 or more of these names in the client record reviews, OR verify that these names are included in the agency's client database during Part III: Desk Review.] |

<table>
<thead>
<tr>
<th>N.A.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C-3. A calendar of activities for the month is posted on-site.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C-4. There is a contribution system in full view.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C-5. A written plan is posted in at least one visible location that describes procedures to follow in case a participant becomes ill or injured.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C-6. Congregate food temperatures are taken immediately before serving on the day of the site visit, and serving time is recorded.</th>
</tr>
</thead>
</table>
C-7. Food temperatures taken on day of congregate site visit:

- Meat/meat alternative (specify ________________________)
- Grains or other carbohydrates (specify ________________________)
- Vegetable or Fruit (specify ________________________)
- Vegetable or Fruit (specify ________________________)
- Milk (if other source of calcium, specify ________________________)
- Other (specify ________________________)

C-8. Approved menu is posted in meal serving area.

<table>
<thead>
<tr>
<th></th>
<th>N.A.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. If the approved menu is not served on day of visit, reviewer observes that caterer has sent appropriate notification of menu changes.

12. On day of visit, food prepared off-site is received by staff or a trained volunteer, who document meal arrival time and sign the delivery ticket. Food temperatures are taken and recorded if food is held in warming or refrigeration equipment prior to serving.

13. The areas where food is handled or served are clean and in good repair.

14. The Health Department sanitation permit is posted in a visible location at nutrition site.

15. Prior to serving congregate meals, home-delivered meals are individually plated, packaged, and transported immediately.

16. In general, packaging and transport equipment appears to be clean, in good repair, and capable of maintaining food temperatures and protecting food from potential contamination. Comments?

17. If frozen meals are provided, they are dated with the date delivered to the nutrition program.

18. Note observations about food presentation and palatability based on direct experience or interactions with clients on day of site visit.

19. Note observations about the perceived eligibility of clients in attendance on day of site/route visit.
20. On day of site/route visit, compare meals prepared or received, meals served, and meals unserved:
- Meals ordered
- Meals prepared or received
- Meals served
- Meals unserved

<table>
<thead>
<tr>
<th></th>
<th>N.A.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions are counted and recorded at the site by two individuals. If Home delivered only, may be counted at a central office. If not, describe the procedures observed:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
**Home-delivered Meal Route:**

Name of route that AAA rides and date: ____________________________

<table>
<thead>
<tr>
<th>HD-22. Clients receiving meals on the route appear to need service. [If perception raises question, reviewer should include this client in desk review of client records.]</th>
<th>N.A.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>HD-23. Volunteers accept contributions and take them back to nutrition site or central office.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HD-24. Home-delivered meal temperatures taken on route:**

- Meat/meat alternative (specify ____________________________ )
- Grains or other carbohydrates (specify ____________________________ )
- Vegetable or Fruit (specify ____________________________ )
- Vegetable or Fruit (specify ____________________________ )
- Milk (if other source of calcium, specify ____________________________ )
- Other (specify ____________________________ )

**Corrective Action:**

**Technical Assistance:**

---

Part II – AAA Observations and Review of Activities at Nutrition Sites and on Home-delivered Meal Routes Page 10
NC DIVISION OF AGING AND ADULT SERVICES AND
NC AREA AGENCIES ON AGING
NUTRITION SERVICES ASSESSMENT TOOL

PART III
Desk Review

**Desk review of Health Department permits:**

1. The nutrition provider has on file copies of current Environmental Health permits for each nutrition site. List the site, date of inspection, and grade for each site:

<table>
<thead>
<tr>
<th>Site</th>
<th>Date of Inspection</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Desk review of clients observed receiving meals:**

2. Unless two or more of the client names recorded during the site visits are included in the client record review/unit verification, verify that the names are included in the agency's client database. Identify selected clients:

<table>
<thead>
<tr>
<th></th>
<th>N.A.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Comparison of one week of approved menus and one week of meal delivery tickets at one site/route:**

3. Select one week of meal delivery tickets or comparable documentation. Meal tickets document each food item that was delivered, record the end of preparation time, and are signed by the food production manager. If not, list exceptions:

<table>
<thead>
<tr>
<th></th>
<th>N.A.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

4. Compare the selected week of meal tickets or comparable documentation to approved menus for that week. The approved menus were followed, or menu changes are documented on menu change forms. List exceptions:

<table>
<thead>
<tr>
<th></th>
<th>N.A.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

5. In what form does the caterer provide to the agency on the date food is delivered written notification that emergency menu substitutions have been made? Examples include meal delivery ticket notation or menu change form.
### Desk review of menu files:

<table>
<thead>
<tr>
<th>6. Menus are changed at least two times per year. [Standards p. 13]</th>
<th>N.A.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Each page of menus has been signed by a licensed dietitian/nutritionist to certify that the menus meet all federal and state requirements. [Standards p. 12]</td>
<td></td>
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</tr>
<tr>
<td>8. A nutrient analysis is on file with each certified menu. [Standards p. 12]</td>
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</tr>
<tr>
<td>9. Menu change forms are on file with each certified menu to document - date of delivery, - specific food substitution, and - signature of the production manager and/or dietitian authorizing the menu change. [Standards p. 12]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Menu substitutions are approved by the dietitian/nutritionist within 90 days or no later than July 31st. [Standards p. 12] If not, list exceptions:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Desk review of meals ordered and meals served:

| 11. Select 5 random dates and compare meals ordered and meals served for either congregate or home-delivered clients: |
|---|---|---|---|---|---|
| Date: | #1 | #2 | #3 | #4 | #5 |
| Site or route: | | | | | |
| Meals ordered: | | | | | |
| Meals received or prepared: | | | | | |
| Meals served: | | | | | |
| Meals unserved: | | | | | |

### Temperature documentation review:

**C-12. Congregate:**
Review a month of temperature records for at least 50% of nutrition sites and attach a completed Attachment B: Congregate Temperature Review.

**HD-13. Home-delivered:**
Review a month of temperature records for at least 50% of nutrition routes and attach a completed Attachment B: Home-delivered Temperature Review.

### Client record reviews and unit verifications:

**C-14. Congregate:**
Select a sample of clients for record review and conduct unit verifications for meals received by these clients. Attach all appropriate Attachment C worksheets and related documentation for congregate, congregate supplement, and/or congregate therapeutic diet meals.

**HD-15. Home-delivered:**
Select a sample of clients for record review and conduct unit verifications for meals received by these clients. Attach all appropriate Attachment C worksheets and related documentation for HD, HD supplement, and/or HD therapeutic diet meals.
Attachment A:
Congregate Nutrition Site Review

Attachment A must be on file for each nutrition site and available for review by the AAA during the assessment process.

Name of Nutrition Site: __________________________________________

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The site is located to be accessible to people eligible for services and targeted by the Older Americans Act.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>The site is an attractive facility where all eligible persons feel free to visit and where their cultural and ethnic background will not be offended.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The site has at least 12-14 square feet per person excluding halls, bathrooms, and kitchen areas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>The site has an adequate number of sturdy tables for the number of individuals on the attendance roll and chairs appropriate for older adults.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The site has at least one table surrounded by adequate aisle space (3 ft. 8 in.) to allow for persons with canes, walkers, crutches, or wheelchairs to move with ease. When necessary, this table shall be of sufficient height (2 ft. 8 in.) to permit persons in fixed-arm wheelchairs to dine comfortably.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>The site has at least 2 exits which are unlocked during hours of operation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Emergency and evacuation plans are posted.</td>
<td></td>
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<tr>
<td>8</td>
<td>Visible, usable fire extinguishers are in place, and instructions for use are posted.</td>
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<tr>
<td>9</td>
<td>The site is heated during colder months to at least 72 degrees Fahrenheit while participants are present.</td>
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<tr>
<td>10</td>
<td>The approved menus are posted in both the congregate serving area and the meal preparation area of the site.</td>
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<tr>
<td>11</td>
<td>A calendar of activities and programs is posted at the beginning of each month.</td>
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<tr>
<td>12</td>
<td>A current permit from the Health Department is posted.</td>
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<tr>
<td>13</td>
<td>The site has a system for voluntary, confidential donations by participants.</td>
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<tr>
<td>14</td>
<td>Parking is available.</td>
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<tr>
<td>15</td>
<td>The site has a safe and appropriate place to mount and dismount from vans or other group transportation vehicles.</td>
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</tr>
</tbody>
</table>

Name of provider staff who completed form: __________________________________________

Title: __________________________________________ Date form completed: ______________________

Signature: __________________________________________
<table>
<thead>
<tr>
<th>Site</th>
<th>Food temps are recorded for each food item, as appropriate.</th>
<th>Arrival times are recorded (and temps if warming/refrig. equip used).</th>
<th>Serving time &amp; temps are recorded daily.</th>
<th>Review cold foods for a chosen month. State percentage of cold foods out of compliance for month.</th>
<th>Review hot foods for a chosen month. State percentage of hot foods out of compliance for month.</th>
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<tbody>
<tr>
<td>Site #1</td>
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<td>Site #7</td>
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<tr>
<td>Route  #1</td>
<td>Food temps are recorded for each food item, as appropriate.</td>
<td>Food temps are recorded at least monthly on each route.</td>
<td>Review cold foods for a chosen month. State percentage of cold foods out of compliance for month.</td>
<td>Review hot foods for a chosen month. State percentage of hot foods out of compliance for month.</td>
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<td>Route  #2</td>
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<td>Route  #3</td>
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<td>Route  #4</td>
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<td>Route  #6</td>
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> Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

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<thead>
<tr>
<th>CLIENT NAME</th>
<th>S/R/W Code</th>
<th>Eligible client?</th>
<th>Date of most recent CRF?</th>
<th>DOA-101 CRF is complete?</th>
<th>CRF updated at least every 12 months?</th>
<th># units reported</th>
<th># units verified</th>
<th># units to be adjusted in ARMS</th>
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TOTAL UNITS NOT VERIFIED = ____________________

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Signature of reviewer(s) _____________________________________________ Date ________________

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<th>S/R/W Code</th>
<th>Eligible?</th>
<th>Professional authorization on file?</th>
<th>Professional authorization updated every 6 months?</th>
<th>DOA-101 CRF is complete?</th>
<th>DOA-101 CRF is updated every 12 months if services are ongoing?</th>
<th>[2 cans = 1 meal]</th>
<th># units reported</th>
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<th># units to be adjusted in ARMS</th>
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TOTAL UNITS NOT VERIFIED =

Total units reported for all clients in month reviewed =

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<th>Date of most recent CRF?</th>
<th>DOA-101 CRF is complete?</th>
<th>CRF updated at least every 12 months?</th>
<th># units reported</th>
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</tbody>
</table>

TOTAL UNITS NOT VERIFIED = ____________
Total units reported for all clients in month reviewed = ____________

THIS REPRESENTS ___% OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.

Signature of reviewer(s) ___________________________ Date ____________
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<table>
<thead>
<tr>
<th>CLIENT NAME</th>
<th>S/R/W Code</th>
<th>Eligible? If special eligibility, state documentation reviewed.</th>
<th>Professional authorization on file?</th>
<th>Professional authorization updated every 6 months?</th>
<th>DOA-101 CRF is complete?</th>
<th>DOA-101 CRF is updated every 12 months if services are ongoing?</th>
<th>[2 cans = 1 meal]</th>
<th># units reported</th>
<th># units verified</th>
<th># units to be adjusted in ARMS</th>
</tr>
</thead>
</table>

TOTAL UNITS NOT VERIFIED = ____________________________

Total units reported for all clients in month reviewed = ____________________________

This represents ___% of total units reported for the month reviewed. If 10% or more, expand sample and select another month to review.

Signature of reviewer(s) ____________________________ Date ____________________________

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<table>
<thead>
<tr>
<th>CLIENT NAME</th>
<th>S/R/W Code</th>
<th>Eligible? (If special eligibility, state documentation reviewed)</th>
<th>DOA-101 CRF is complete?</th>
<th>DOA-101 CRF is updated every 12 months?</th>
<th>Physician's prescription on file?</th>
<th>Physician's prescription reordered every 6 months?</th>
<th># units reported</th>
<th># units verified by source doc.</th>
<th># units to be adjusted in ARMS</th>
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Signature of reviewer(s) ____________________________ Date _____________

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<table>
<thead>
<tr>
<th>CLIENT NAME</th>
<th>S/R/W Code</th>
<th>HD eligibility established by in-home assessment?</th>
<th>DOA-101 CRF is complete?</th>
<th>DOA-101 CRF updated at least every 6 months unless temp status?</th>
<th>In-home reassessment conducted at least every 6 months unless temp status?</th>
<th># units reported</th>
<th># units verified</th>
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TOTAL UNITS NOT VERIFIED =

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<tr>
<th>CLIENT NAME</th>
<th>S/R/W Code</th>
<th>HD eligibility established by in-home ass't?</th>
<th>Professional authorization on file?</th>
<th>Professional authorization updated every 5 months?</th>
<th>DOA-101 CRF is complete?</th>
<th>DOA-101 updated every 6 months if ongoing service?</th>
<th>[2 cans = 1 meal]</th>
<th># units reported</th>
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TOTAL UNITS NOT VERIFIED = 

Total units reported for all clients in month reviewed =

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<th>CLIENT NAME</th>
<th>S/RW Code</th>
<th>HD eligibility established by in-home assist? If special eligibility, state documentation reviewed</th>
<th>Professional authorization on file?</th>
<th>Professional authorization updated every 6 months?</th>
<th>DOA-101 CRF is complete?</th>
<th>DOA-101 updated every 6 months if ongoing service?</th>
<th>[2 cans = 1 meal]</th>
<th># units reported</th>
<th># units verified</th>
<th># units to be adjusted in ARMS</th>
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TOTAL UNITS NOT VERIFIED =
Total units reported for all clients in month reviewed =

THIS REPRESENTS ___% OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.

Signature of reviewer(s) ____________________________ Date ________________
Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

- Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document.
- List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.
- Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

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<tr>
<th>CLIENT NAME</th>
<th>S/RW Code</th>
<th>HD eligibility established through in-home assessment?</th>
<th>DOA-101 CRF is complete?</th>
<th>DOA-101 CRF updated at least every 6 months unless temp status?</th>
<th>Physician's prescription on file?</th>
<th>Physician's prescription reordered every 6 months?</th>
<th># units reported</th>
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Signature of reviewer(s) ________________________ Date ____________

Attachments: Client Record Review and Unit Verification Worksheet