

This form provides information about each OAA/SFSS congregate meal site and home delivered meal provider.

Congregate Meal Site/Grab-N-Go Site Name/Address (Column B): *List the contact name, street address, phone number, email address, and fax number of each meal site in the AAA region.*

Which Program(s) Operate Out of This Site? (Columns C and D): *Identify if the site provides Congregate, Grab-N-Go, Drop-Shipped, and/or Home Delivered Meal programs.*

Are meals prepared on-site? (Column E): *Answer ‘Yes’ or ‘No’.*

Which meal is served / delivered each day? (Columns G, H, and I) *Check the site(s), which serve one or more than one completed meal per day. If additional meals are charged to OAA or SFSS, each meal served must provide at least one-third of the current Recommended Daily Allowance (RDA), Dietary Reference Intakes (DRI), and the United States Department of Agriculture (USDA) Dietary Guidelines for older adults (66^{2/3} for two meals, 100% for three meals).*

Number of Days of the Week Congregate Meals and/or Grab-N-Go Meals are Served: (Column J) *List the number of days of the week each meal site serves meals using C1 and/or state funds.*

Worksheet C: Community Focal Points and Senior Centers

This form provides information on the name and location of senior centers and focal points within each region.

Contact Information: (Column A) – *List the name, address, city, zip code, and telephone number of each senior center and/or focal point facility within the AAA Region.*

Focal Point (Column C) *Check the box if the facility is a Focal Point (the term “focal point” means a facility established to encourage the maximum co-location and coordination of services for older individuals.)*

Senior Center: (Column D) *Check the box if the facility is a Senior Center. (the term (“Senior Center” means a facility for the organization and provision of a broad spectrum of services, which shall include, but not be limited to, provision of health including mental health, social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.) A facility can be both a focal point and senior center. If that is the case, please check both boxes.*

Funded by Title III-B and/or SFSS: (Column E) *Check the box if the facility is funded through Title III-B or SFSS. Indicate if the facility is a senior center and a recipient of Title III B or SFSS funds for Senior Center Operations. Do not check if the Senior Center is a congregate nutrition site and only receiving Nutrition funds from OAA or SFSS.*

Worksheet D: Regional Advisory Council Membership

List all persons presently serving as members of the AAA’s Regional Advisory Council. In the Organizational Affiliation column, note whether this advisory council member represents older persons, the general public, provider organizations, health care provider organizations, local elected officials, county councils on aging, county commissioners, etc. For multiple county AAA regions, note which county or town the appropriate advisory council member is representing. Provide the total number of members who are low-income, minority, and/or 60 years of age or older on row 60.