



Home-Delivered Meals Waiting List Information (Non-Medicaid Waiver Participants)

Fiscal Year: **Quarter:**
Service:
Agency Name:
Target/Underserved Population To Be Served:
Person Preparing Report
Name:
Email:
Phone:

1. Enter the number of individuals on the waiting list:
2. Describe the length of stay for individuals on the waiting list: (these should total the number above)
- | | |
|-----------------------|--|
| Less than 30 days | |
| 30 – 60 days | |
| Greater than 60 days | |
| Greater than 180 days | |
- 2a. Enter the number of individuals that currently receive services that are “underserved” (i.e. Received home delivered meal services at less than assessed level, etc.)

2b. Describe the reasons that participants in question 2a (above) are “underserved” (check all that apply):

<input type="checkbox"/>	Reduced or closed weekend meal programs/options
<input type="checkbox"/>	Participant served/provided frozen meals in place of home-delivered hot meal
<input type="checkbox"/>	Reduced or closed local meal programs that supplement AASA/AAA HDM program
<input type="checkbox"/>	Participant served fewer meals per week than assessed or requested number of meals
<input type="checkbox"/>	Shortages of HDM volunteers/drivers
<input type="checkbox"/>	Prioritization of HDM participants leads to “underservice” for some participants based on priority level
<input type="checkbox"/>	Service delays and/or disruptions
<input type="checkbox"/>	Other (please describe below):

3. Describe any assistance/referrals provided to individuals that are placed on waiting lists:

- Referred to a local non-AAA-funded food assistance program (e.g. MiCAFE, Project FRESH) that is currently accepting participants
- Referred to a local food bank/pantry shelf
- Referred to local DHS office
- Referred to HCBS/ED Waiver Program
- Referred to AAA 1-B's CLP for service options
- Referred to private pay program
- Other assistance (please describe below):

4. Additional comments on the home-delivered meals waiting list (e.g. changes, events, issues impacting the list, etc.):

5. Does the demand for home-delivered meal services exceed service availability?

- Yes No Unknown

5a. If yes, describe below (check all that apply):

- Limited funding for services
- Limited service area/service delivery availability
- Driver/worker shortage
- Participant choice

6. In order to address service demand that exceeds service availability, are home-delivered meal services provided:

6a. At levels less than identified need (underserved)?

- Yes No Unknown

6b. To all participants at their identified need level. **Individuals that cannot be served at identified need level are placed on the waiting list?**

- Yes No Unknown

7. Additional comments on "underservice":

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8. If a "0" count of individuals is being reported on the home-delivered meals waiting list, please describe:

Service capacity/funding is sufficient to serve all individuals that are eligible

Other (describe):

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