

## CHART 4- NUTRITION MEAL SITE OPERATIONS

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Site Name: \_\_\_\_\_

Address: \_\_\_\_\_

Location:  Urban  Suburban  Rural

Site Contact Name: \_\_\_\_\_ Volunteer?  Y  N

Site Contact Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Serving Hours for Meal Service: \_\_\_\_\_ to \_\_\_\_\_

Service Days Per Week:  Monday  Tuesday  Wednesday  Thursday  Friday

Service Days per Weekend:  Saturday  Sunday

### PROGRAM INCOME

**Donation Request:** Age 60+ \_\_\_\_\_ Guests Under Age 60 \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_

Food Service Staff: Volunteer Under Age 60: \_\_\_\_\_ Other: \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Funding Sources:  Federal  State  Local  Other

### SITE DESCRIPTION

**Type of Congregate Site** (Check all that apply)

<input type="checkbox"/> a. Focal Point	<input type="checkbox"/> f. School
<input type="checkbox"/> b. High concentration of elderly in poverty	<input type="checkbox"/> g. Public or low-income housing
<input type="checkbox"/> c. High concentration of minority elderly	<input type="checkbox"/> h. Restaurant
<input type="checkbox"/> d. Multi-purpose senior center	<input type="checkbox"/> i. Adult Day Center
<input type="checkbox"/> e. Religious facility	<input type="checkbox"/> j. Other (township hall, club, etc.)

**Barrier Free:**  Yes  No If no, indicate reason \_\_\_\_\_

**Certification of Accessibility** (persons with disabilities can enter building, use restroom, and receive services that is at least equal in quality as that received by persons without disabilities)

Yes  No (If no, indicate reason): \_\_\_\_\_

**Compliance with fire safety standards:**  Yes  No

**Average Number of Meals Served Daily:** \_\_\_\_\_ **Average Number Served Weekly:** \_\_\_\_\_

**Average Number of Individuals (unduplicated) Served Weekly:** \_\_\_\_\_

**Congregate Meals:** 1 Meal \_\_\_\_\_ 2 Meals \_\_\_\_\_ 3 Meals \_\_\_\_\_

**Home Delivered Meals:** 1 Meal \_\_\_\_\_ 2 Meals \_\_\_\_\_ 3 Meals \_\_\_\_\_

**Liquid Meals:**  Yes  No **Other Meals** (please list): \_\_\_\_\_

Are meals prepared on site?  Yes  No Is this site a drop-off point for HDM?

If not, where are the meals produced? \_\_\_\_\_  Yes  No

Proof of food service license:  Yes  No If no, indicate reason \_\_\_\_\_