



## CHART 3- PROGRAM OPERATIONS HOME-DELIVERED MEALS

Organization Name: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

1. Organization/Person(s) conducting nutrition education for home-delivered meal participants
2. Resources to be used: special guests/community partners/handouts/programs (ex: eatright.org, myplate.gov, MSU extension, Cooking Matters)
3. Materials distributed in languages other than English (list materials and languages provided)
4. Attach copy of the HDM intake form and assessment form

### **Home-Delivered Nutrition Education Activities Plan and Expected Outcomes**

Please indicate the topic of nutrition education for each month and describe the desired outcome

October

November

December

January

February

March

April

May

June

July

August

September

### **HOME-DELIVERED MEAL INFORMATION**

5. Describe vehicles and equipment used for transporting and delivering hot, cold, frozen, and shelf stable meals.

6. Describe the process for monitoring food safety of home-delivered meals.

7. List the number of HDM routes:

Paid staff average stops per route:

Volunteer average stops per route:

8. Describe any delivery changes completed in the previous year or planned for the upcoming year.

9. HDM Volunteer FTEs for Delivery:

10. HDM Paid Staff FTEs for Delivery:

Submitted by:

Date:

AAA 1-B Comments:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_