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# Senior Nutrition Program Handbook

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Ventura County Area Agency on Aging

Policies and Procedures – Title III C

*Fiscal Year 2015-2016*



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## PART 1 – SENIOR NUTRITION PROGRAM

Senior Nutrition Program services include the procurement, preparation, transport, and provision of meals and nutrition information to older persons at congregate sites or in their homes. Nutrition services are provided to assist older Americans to live independently by promoting better health through improved nutrition and reduced isolation.

The Senior Nutrition Program contributes to the physical and mental well-being of Ventura County seniors by providing up to five nutritious meals per week and coordinating other nutrition-related services for program participants. Grantees will give preference to seniors with the greatest economic and/or social need while paying particular attention to low-income minority individuals when determining whom to serve.

All of the food served is carefully chosen by a Registered Dietitian (RD) to meet the United States Department of Agriculture (USDA) Daily Recommended Intake (DRI) for elderly adults. No other food may be served without the explicit approval of the RD. Meals are served at congregate locations throughout the county and are delivered to homebound seniors who are incapable of preparing their own meals. Weekend meals may be available to seniors that meet certain criteria and, in some communities, caregivers can pick up meals on behalf of a senior that qualifies for a home-delivered meal. The Senior Nutrition Program is funded in part by the Older Americans Act (OAA) Title III C funding; however, all participants are given the opportunity to contribute towards the cost of their meal. Donations are confidential, and no one is denied a meal because of the inability to contribute.

### Goals and Objectives

The goal of OAA Title III C programs is to maintain or improve the physical, medical, psychological, and social well-being of older persons by providing or securing appropriate nutrition services.

1. Give preference to those seniors (person 60 years of age or older) in greatest economic or social need
2. Maintain or increase the number of meals served consistent with funding levels and inflation rates
3. Serve meals that are nutritious, safe, of good quality, and at the lowest reasonable cost
4. Promote increased cost effectiveness through improved program and food management
5. Promote and maintain high food safety and sanitation standards
6. Promote and maintain coordination and referral with other supportive services
7. Utilize meals program to provide health promotion and disease prevention support

### VCAAA Policy Statement

The VCAAA Advisory Council has adopted the following policy statement:

*“Each Senior Nutrition Program grantee will operate its program using Older American Act grant funds supplemented by participant donations. If current or future levels of service cannot be sustained using these funding sources or by other fundraising efforts, the grantee will adjust service levels and/or expenses accordingly. The adjustments may include the use of waiting lists, a reduction in the number of days of program operation, less frequent deliveries of meals, etc. If such adjustments become necessary, the grantee will provide advance written notice to the VCAAA.”*

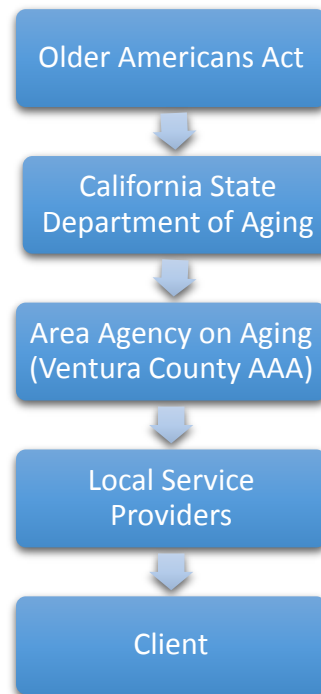
### Organization Structure

The services provided by the Senior Nutrition Program (SNP) must meet the needs of the local senior population and therefore benefits received are of primary importance. California Department of Aging (CDA) provides resources and guidelines, and monitors the local Area Agency on Aging (AAA).

Ventura County Area Agency on Aging provides technical assistance, resources and monitoring to local service providers.

Local service providers will serve meals in accordance with the requirements of the Older Americans Act (OAA), *Title 22 Code of Regulation Division 1.8, Chapter 4*, the *California Uniform Retail Food Facilities Law (CURFFL)* and *PSA 18 Ventura County Policies and Procedures*. *California Department on Aging (CDA) Section H* will be considered reference and “best practices” guidelines unless specifically stated here otherwise.

## Funding Stream and Regulatory Structure



## Eligibility Criteria

Refer to *California Title 22 Code of Regulations, Division 1.8 Title 3-C Elderly Nutrition Program §7638.7. Eligibility for Nutrition Services*.

### A. Congregate Meals

Individuals eligible to receive a meal at a congregate nutrition site are:

1. Any older individual<sup>1</sup>;
2. The spouse of an older individual;
3. A person with a disability, under age sixty (60) who resides in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided; and
4. A disabled individual who resides at home with and accompanies an older individual who participates in the program.

### B. Volunteer Meals

1. A volunteer under age sixty (60) may be offered a meal if doing so will not deprive an older individual of a meal.
2. A written policy for providing and accounting for volunteer meals will be developed and implemented.
3. Grantees will report volunteer meals on their monthly meal count reports.

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<sup>1</sup> §7630. Definitions. “Older individual” means a person sixty (60) years of age or older.

### *C. Home-Delivered Meals*

Individuals eligible to receive a home-delivered meal are:

1. Any older individual who is frail, as defined in Section 7119<sup>2</sup>, and homebound by reason of illness, disability or isolation.
2. A spouse of a person who is frail and homebound by reason of illness, disability or isolation, if an assessment concludes that it is in the best interest of the homebound older individual.
3. An individual with a disability who resides at home with older individuals if an assessment concludes that it is in the best interest of the homebound older individual who participates in the program.
4. Priority will be given to older individuals in (C)(1) above.

### *Weekend & Second Meals*

Clients will be assessed individually for nutritional risk, low-income status, and number of people in household before offering a second or weekend meal. If the client scores in the moderate to high range for nutritional risk, lives alone and is low-income, that individual would have priority for second or weekend meals. If the client enjoys the second or weekend meal as a convenience, but does not meet all three criteria, do not offer the extra meal service.

### *Wait List for Home-Delivered Meals*

A waiting list will be established whenever a grantee is unable to provide home-delivered meals to all eligible participants. Waiting lists must be pre-approved by the VCAAA. Waiting list for home-delivered meals requirements include the following:

1. The decision whether or not to place clients on a waiting list and their position on that list, will be based on greatest need and/or in accordance with policy established by the grantee in consultation with the VCAAA.
2. Grantees will use the annually updated Home-Delivered Meals Assessment/Evaluation for all initial and on-going C2 client assessment
3. A screening assessment by telephone or in-home visit shall determine individuals eligible to be placed on the waiting list. Decisions will be based on greatest need and route availability. No individual will be denied solely because of an inability to contribute or because the senior resides in a particular geographic location.
4. All grantees will use the VCAAA hierarchy of needs assessment tool to determine which applicants have the greatest need.
5. Home-delivered meal participants must be informed that a priority system is in effect, as ranking within the priority system may determine one's ability to receive delivered meals.

### *General Requirements*

Nutrition Providers will administer the Senior Nutrition Program utilizing the following guidelines:

1. Provide efficient and economical delivery of meals and other nutrition services and ensure coordination with related programs.
2. Conform to all state and local health and safety standards and building codes, including the *California Uniform Retail Food Facilities Law (CURRLF)*.
3. Give preference to individuals in greatest economic or social need.
4. Have a designated site manager.

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<sup>2</sup> §7119. Frail

"Frail means that an older individual is determined to be functionally impaired because the individual either (a) is unable to perform at least two activities of daily living, including bathing, toileting, dressing, feeding, breathing, transferring and mobility and associated tasks, without substantial human assistance, including verbal reminding, physical cueing or supervision; or (b) due to a cognitive or other mental impairment, requires substantial supervision because the older individual behaves in a manner that poses a serious health or safety hazard to the individual or others.

5. Operate all C-1 sites at least five days per week, unless otherwise approved by the Ventura County Area Agency on Aging.
6. Provide at least one (1) hot or other appropriate meal per day.
7. Utilize established Priority System for developing a waiting list for home-delivered meals.
8. Establish a plan for outreach activities to encourage and ensure new participation by eligible seniors.
9. Establish site guidelines for site use ensuring that other activities do not interfere with service of meals to participants.
10. Provide C1 nutrition education services quarterly.
11. Provide C2 nutrition education services monthly.
12. At a minimum, distribute the VCAAA Client Satisfaction Survey annual in order to obtain the views of participants.
13. Monitor improvement in client satisfaction.
14. Permit all participants to eat a leisurely meal in a facility where they feel welcome and comfortable.
15. Be located within walking distance, when possible, of concentrations of older persons.
16. Meet the requirements of the Americans with Disabilities Act.
17. Provide for celebration of special occasions by participants.
18. Provide useable fire extinguishers and instructions governing their use.
19. Have staff trained in emergency procedures.

### *Congregate Meals*

Each Senior Nutrition Program grantee shall ensure that the congregate meal site fulfills the following requirements:

1. Each participant is registered for a meal using the Senior Nutrition Program Meal Registration form.
2. Conduct an annual Nutritional Risk Survey on each participant.
3. Meal registration forms will be updated annually [OAA Section 207(a)(3)].
4. Provide a means by which to obtain participants views about the services received.
5. Provide meals, if available to all participants regardless of reservation status.
6. Ensure that trained staff (paid or volunteer) are physically present during the time that meals are being served.
7. Provide each recipient with an opportunity to voluntarily contribute to the cost of the service.
8. Provide equipment (including tables and chairs) that is sturdy and appropriate for older individuals.
9. Arrange tables and chairs in such a manner to facilitate and encourage socialization among participants.

### *Home-Delivered Meals*

Each Senior Nutrition Program grantee shall ensure that the home-delivered meals operations site fulfills the following requirements:

1. Eligible participants are registered and assessed for need using the Senior Nutrition Program Meal Registration and Home-Delivered Meal Assessment forms.
2. Initial assessment may be done by telephone.
3. An in-home assessment and determination of eligibility will be conducted within two weeks of beginning meal service.
4. Participants will be assessed for other supportive services and referred as needed.
5. Participants will be assessed for eligibility in their homes every six months and by telephone every other quarter.
6. Meal registration forms will be updated annually [OAA Section 207(a)(3)].
7. All client reassessment of need shall be determined quarterly. Such reassessment shall be done in the home of the participant at least every other quarter.



## Staffing Requirements

### Site Coordinator

The Site Coordinator is responsible for the daily operations of the meal site including the following:

1. Ordering, receiving, storing, preparing, serving and delivering meals.
  - a. Food shipments are received weekly. Damaged food will not be served. Site Coordinators are responsible for ensuring the food delivery is complete.
  - b. See Part 12 – Reporting Requirements, Food Ordering for details.
2. Site Coordinators will account for all food received and served.
3. Annual client eligibility, assessments.
4. All record keeping, including:
  - a. Meal Registration forms
  - b. Nutritional Risk Assessments
  - c. Home-Delivered Meals Assessments
  - d. Temperature Logs
  - e. Monthly Rosters
  - f. Monthly Meal Counts
  - g. Material Safety Data Sheets (MSDS)
5. All food and non-food inventories including safe and appropriate storage.
6. Maintaining familiarity with the required daily meal components, program approved food, and monthly menus.

All program-related documentation will be kept on site in a secure and confidential manner for three years.

Site Coordinators will ensure adherence to the following staffing requirements:

1. Ensure a sufficient number of personnel are available to carry out the needs of the program.
2. It is recommended that staff members receive a performance evaluation annually. Evaluation will be documented and kept on file.
3. Refer to *Title 22, Division 1.8, Chapter 4, §7636.3* for staff qualifications.
  - (a) *On-Site Manager*. The nutrition services provider will have a manager on staff who will conduct the day-to-day management and administrative function of the Elderly Nutrition Program, and either have (1), (2), or (3):
    - (1) Possess an associate degree in institutional food service management, or a closely related field, such as, but not limited to, restaurant management, plus two (2) years' experience as a food service supervisor; or
    - (2) Demonstrate experience in food service, such as, but not limited to, cooking at a restaurant, and within twelve (12) months of hire successfully complete a minimum of twenty (20) hours specifically related to food service management, business administration or personnel management at a college level. Prior to completion of meeting the hours, this individual's performance will be evaluated through quarterly monitoring by a registered Dietitian; or
    - (3) Two years' experience managing food services. Such experience will be verified and approved by a registered dietitian prior to hire.
  - (b) *Personnel*. There will be, at a minimum, a manager as required in (a) above, and a paid staff or volunteer as required in subsection 7638.1(b)(1)<sup>3</sup>. There will also be a sufficient number of qualified staff with the appropriate education and

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<sup>3</sup> §7638.1(b)(1)

(b) Each congregate meal site will meet [...] the following : (1) Have a paid staff or volunteer designated to be responsible for the day-to-day activities at each site, and physically be on-site during the time that Elderly Nutrition Program activities are taking place.

experience to carry out the requirements of the Program. The total number of staff will be based on the method and level of services provided, and size of the service area.

(c) *Preference to Older Individuals.* Preference will be given to hiring older individuals subject to the qualifications of the position.

(d) *Volunteer Services.* Volunteers will be recruiting and used in any phase of program operations where qualified.

4. All programs will employ a Registered Dietitian in accordance with *Title 22 Code of Regulations, §7636.1*
5. Nutrition Service Directors and Food Service Managers will conform to the requirements set forth by Title 22 Code of Regulations and CURFFL at the time of hire. Exceptions must be approved by VCAAA Dietitian.
6. All Food Service Directors and Dietitians will maintain current ServSafe Certification by the National Restaurant Association. It is strongly recommended that all paid staff Site Managers attend ServSafe training.

## Staff Training

Staff and volunteers will receive training per *Title 22 Code of Regulations §7636.5* requirements. Volunteers will receive training in the same manner as staff.

1. All staff (paid and volunteer) will be oriented and trained to perform their assigned responsibilities and tasks.
2. A yearly written plan for in-service training designed to improve staff performance and responsive to identified needs and staff requests will be developed and maintained on file.
3. The training plan will identify date of training and will specify who will conduct the training.
4. Content of all in-service training will be reviewed and approved by the Registered Dietitian prior to presentation.
5. All will be documented and records maintained on file for assessment and/or audit purposes by the VCAAA. Records may be discarded after agency has received an undisputed site monitoring report.
6. Training will be provided for all personnel (paid and volunteer staff) on a quarterly basis.
7. At least one of the training sessions will include the prevention of foodborne illness. All food service personnel will attend. At least one annual training will include discussion of the Nutrition Screening Initiative (NSI).
8. Emergency procedures training will be provided and will include instruction on fire safety, first aid, choking, cardiopulmonary resuscitation, earthquake, and other safety procedures.
9. Staff will be appropriately trained in screening and assessment policies and procedures.
10. Training sessions will be evaluated by those receiving the training. Evaluations will be maintained on file for assessment and/or audit purposes.
11. All Home-Delivered Meals (C2) agencies are encouraged to utilize the Meals on Wheels Driver Manual: Volunteer and Paid Staff [10 page booklet avail from Alameda]
12. All kitchen and home-delivered meals staff are encouraged to attend ServSafe training.

## Volunteer Services

Refer to *Title 22 Code of Regulations §7636.5* and *CDA Section H, 141.7(c)*.

1. Programs are encouraged to use volunteers in the meal program whenever possible.
2. Local agencies will have a policy regarding eligibility of free meals for volunteers. All policies will be approved by the VCAAA. All meal site directors will receive instructions regarding volunteer meals policies. Instructions will include eligibility and documentation. A copy will be available at all meal sites.
3. A Volunteer Manual will be developed by all programs utilizing volunteers and will be approved by the VCAAA. The manual will be available to all volunteers and to the VCAAA during on-site monitoring.

## **PART 2 – NUTRITION EDUCATION**

Nutrition education for program participants will be provided at a minimum of four times per year. All training will be conducted by the VCAAA Registered Dietitian who develops and maintains a yearly nutrition education plan.

1. Nutrition education for congregate meal participants may include demonstrations, presentations, lectures and group discussions, all of which may be augmented with printed materials.
2. Distribution of printed materials will constitute nutrition education for home-delivered meal recipients.
3. Any literature provided by the VCAAA must be distributed to program participants in a timely manner.
4. All materials distributed through the Senior Nutrition Program must be pre-approved by the VCAAA.

Each grantee will maintain accurate training records that indicate the type and duration of training. Training records will be submitted to the VCAAA on a quarterly basis to ensure that training requirements are being met.

## **PART 3 – NUTRITION COUNSELING**

Individual Nutrition Counseling is available to seniors in the community on an as needed basis by calling the VCAAA Registered Dietitian and scheduling an appointment.

## **PART 4 – DONATIONS**

### **General Guidelines**

1. All participants will be given the opportunity to donate to the cost of the meals.
2. Providers will develop suggested donation amounts after approval from the VCAAA Grants Manager
  - a. When developing donation amounts, the income demographic of older persons in the community will be considered and the provider's other sources of income will be considered
3. Suggested donation amounts cannot exceed the actual cost of the meal.
4. Providers will establish procedures to protect the privacy of each participant regarding his or her donation.
5. Each participant will determine the amount of his or her donation.
  - a. Donation amounts will not be used as a means test to determine eligibility for nutrition services.
  - b. No eligible person will be denied participation because of failure or inability to contribute.
  - c. A suggested contribution toward the cost of the meal service shall be requested of the participants on a regular basis, usually weekly.
6. All donations will be identified as "program income"
7. Providers will establish procedures and implement accounting measures to accurately collect donations and protect them from loss, mishandling, and theft.
8. Grantees will establish a separate account or project code to track Senior Nutrition Program Income.
9. All donations, including those for guest and staff meals, will be used: to increase the number of meals; to improve the quality of the meal service; and/or to provide other program enhancements.
10. Enhancements that cannot be directly attributed to increased participation in the program will be pre-approved by the VCAAA.
11. Providers will request prior approval from the VCAAA before increasing suggested donation amounts and/or guest fees.

## Congregate Program

1. Donation containers will be placed near the point of check-in, within view and in a location easily accessible to all participants and will be:
  - a. Anchored to a table or wall to prevent theft
  - b. Labeled "SUGGESTIONS/DONATIONS" to provide anonymity. Both are welcomed.
2. A sign will be posted at the meal site that states the suggested donation and the fee for guests. The sign will also declare that no one, age 60 years or older, will be denied service if they choose not to donate.
3. All donations will be counted and verified by two (2) people. Both people must be paid staff members.
4. All donations will be secured in a safe location until time of deposit.
5. Donations will be deposited and recorded on a regular basis.
6. Deposit slips will be maintained on file for assessment/audit purposes.

## Home-Delivered Program

1. Participants will be provided with written information regarding suggested donations and procedures for making said donations. Information should include the following:
  - a. Participants should be encouraged to use checks or money orders when possible, made payable to the Senior Nutrition Program,
  - b. Participants will be advised that donations can be made on a daily, weekly or monthly basis
  - c. Participants will be advised that donations can be mailed directly to the Nutrition Site or can be provided to the Meal Delivery person at the time meals are delivered.
    - i. At no time should the participant be asked for their donation by their driver
    - ii. VCAAA Fiscal advises that drivers have numbered receipt books to issue receipts for donations from home-delivered meal clients.
2. Providers will establish a procedure to collect donations
3. No person will be denied participation because of a failure or inability to donate
4. Donations will be secured by the delivery person until they can be returned to the Senior Nutrition Program Manager.
5. All donations will be secured in a safe location until time of deposit
6. Donations will be deposited and recorded on a regular basis.
7. Deposit slips will be maintained on file for assessment/audit purposes.

## PART 5 – MEAL RESERVATION SYSTEM

Nutrition Providers will establish procedures that ensure the accuracy and authenticity of the number of eligible participant meals served each day.

### Reservations

Reservations made in advance by participants at congregate meal locations are ideal; but are not necessary. Drop-in participants may also receive a meal if one is available. No senior will be denied a meal due to a failure to register or make a reservation.

## Congregate Program

1. Providers will obtain the following:
  - a. An original signature for each eligible participant receiving a meal;
  - b. An original signature of each staff or volunteer and persons under 60 years of age receiving a meal.
2. Sign-in procedures assist in forecasting the number of meals to be prepared and served and assist in data collection.
3. Completed meal counts will be maintained at the meal site and each month shall be:
  - a. Entered into "Q."
  - b. Submitted to the VCAAA.
  - c. Due to the VCAAA Grants Manager by the 10<sup>th</sup> of each month following the month of service.

## Home-Delivery Program

Home-delivered meal drivers will obtain and accurate meal count for the next day.

1. Drivers should add additional meals to their meal count to accommodate for temperature checks or have received instructions on how to properly take a temperature of a meal without causing bacterial contamination.
2. Completed meal counts will be maintained at the meal site and each month shall be:
  - a. Entered into "Q."
  - b. Submitted to the VCAAA.
  - c. Due by the 10<sup>th</sup> of each month following the month of service.

## Meal Cancellations

1. Information pertaining to meal cancellations for Home-Delivered Meal participants will be documented to monitor participant's status.
2. Drivers of home-delivered meals will be notified of any cancellations as soon as possible so that adjustments can be made to the delivery route.
3. Follow-up with the participant will be conducted to determine when meal delivery is to resume.

## Client Not Home

1. Safety and sanitation consideration prevent meal delivery to homes in which no one is available to receive them.
2. A meal may be left with a neighbor with prior approval from the home-delivered meals recipient.

## PART 6 – MEAL SHORTAGES

Site managers at congregate sites will ensure that proper portion control measures are utilized by staff and volunteers when meals are served.

Site managers and drivers will ensure that congregate meals served and home-delivered meals served are complete meals as specified on the menus.

The following measures should be taken to assist in the prevention of meal shortages:

1. Upon receipt of meals, Nutrition Site managers and Home-Delivered meals drivers should conduct a quick comparison of meals ordered versus meals (portions) received and menu items listed versus received.
2. Site managers and meal delivery drives should notify VCAAA immediately of any meal shortages.

## PART 7 – DOCUMENTATION OF ELIGIBLE PARTICIPANTS

*(See also Part 12: Reporting Requirements)*

The California State Department of Aging requires providers to establish record procedures that ensure the accuracy and authenticity of the number of eligible participant meals served each day.

Information will be obtained in accordance with the current Ventura County Area Agency on Aging requirements. Providers will establish and maintain a data collection/MIS system that accurately summarizes program and financial information. All records and reports will be maintained for assessment/audit purposes. **Current and complete meal registration forms for congregate and home-delivered meal recipients will be kept on file. When not in active use, forms must be stored in a locked cabinet or drawer.**

Providers will maintain confidentiality of all clients. The regulation of the Health Information and Accountability Act (HIPAA) will apply. No provider will distribute its client information to an outside agent without express written permission from the client. More information on HIPAA may be found at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa) and [www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo](http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo).

## Congregate Meal Participants

1. Client information will be obtained within the first month of participation.
  - a. Providers will complete a registration form and a Nutritional Risk Assessment on all seniors participating in the Congregate Meal Program
2. Providers will develop and maintain records on participants which document:
  - a. Eligibility for service
  - b. Information related to emergency care
  - c. Economic and social need indicators
  - d. Need for and referral to other appropriate services
3. All information obtained is to be maintained in a confidential manner.
4. Information cannot be released without the written consent of the participant.
5. Providers will ensure that no older persons are denied services if such persons refuse to provide written informed consent.
6. All records and reports will be maintained for assessment/audit purposes. When not in active use, forms must be stored in a locked cabinet or drawer.

## Home-Delivered Meal Participants

1. Providers will develop and maintain individual files on each eligible Home-Delivered Meal participant that document:
  - a. Eligibility for service
  - b. Information related to emergency care
  - c. Economic and social need indicators
  - d. Need for and referral to other appropriate providers
2. Files will include the following documents:
  - a. Home-Delivered Meals Assessment Form
  - b. Intake/Registration Forms
  - c. Emergency contacts
3. Initial screen and assessment to determine eligibility can be accomplished by telephone or in-home assessment and will be documented in the participant file.
4. Verification of eligibility will be determined through an in-home assessment within two weeks of beginning meal delivery. Assessment forms will be maintained in the participant file.
5. All local programs will provide home-delivered meal assessment via a home visit at least every six months on every client. A telephone reassessment may be performed quarterly when a home visit is not required.
6. Within the first quarter of every new fiscal year the home-delivered meal assessment form must be updated, including an updated NSI screen and updated income information. New assessment forms will be attached to previous year's forms.
7. Each local program will have a written protocol in place in which drivers communicate regularly with the home-delivered meal coordinator regarding the status of clients on their routes. Methods of communication may include weekly or monthly updates via staff or private meetings with the home-delivered meals assessment staff, written concerns or comments from the driver to the assessment staff or a local form in which the driver comments on each person on his or her route on a regular schedule. All driver concerns will be documented in the chart of the client.
8. Information pertaining to new and continuing participants will be maintained current at all times.
9. All records and reports will be maintained for assessment/audit purposes. When not in active use, forms must be stored in a locked cabinet or drawer.

## PART 8 – PARTICIPANT EVALUATION OF SERVICES

Providers will develop and utilize procedures for obtaining the view of participants about the services they receive. All senior meals program providers will complete an annual *Client Satisfaction Survey* provided by the VCAA in appropriate languages.



## PART 9 – FOOD SERVICE REQUIREMENTS

All nutrition service providers will comply with *Title 22 Code of Regulations, Division 1.8, California Department on Aging Section H, the California Uniform Retail Food Facilities Law (CURFFL)*, specifications set forth in the RFP, *Ventura County AAA Policies and Procedures*, and their contract.

### Health and Safety Inspections

(Refer to *Title 22 Code of Regulations, §7636.1.*) Nutrition Service Providers will comply with regulations applicable to food service operations.

1. Meals will be supplied only from premises that have a valid permit, license, or certificate.
2. Inspections by local fire and health officials will be secured for all sites prior to beginning service provision and annually thereafter. A current inspective certificate must be displayed at each site.
3. All dining sites will be monitored at least quarterly by agency Dietitian for safe food handling, sanitation and temperature control. Quarterly monitoring will be available for review at annual VCAAA site monitoring.
4. Meal site will comply with all Employee Health Standards:
  - a. All food handlers and servers will be free of communicable disease. If an employee or volunteer is believed ill or a carrier of a communicable disease, clearance from the local health officer may be requested by the Provider prior to permitting the employee to return to work.
  - b. All food handlers and servers will wear clean, washable clothing and hairnets, caps or other suitable hair coverings to prevent contamination of foods, beverages, and utensils.
  - c. All food handlers and servers will use tongs or other implements while serving food. If hand contact with the food is unavoidable, disposable hand coverings will be worn.
  - d. All food handlers and servers are prohibited from using tobacco in any form while preparing, handling or serving food or beverages. Tobacco will not be used in any form in any room or space used primarily for the preparation or storage of food. Project will post and maintain “No Smoking” signs in such rooms or places.
  - e. All food handlers and servers will thoroughly wash their hands prior to beginning work, after using the toilet and every time hands are soiled:
    - i. Handwashing facilities in good repair and equipped with hot and cold running water will be provided for employees within or adjacent to food preparation area.
    - ii. A permanently installed detergent or soap dispenser and paper towels will be provided at all hand washing facilities.
    - iii. Legible signs will be posted in each toilet room directing all employees that they must wash their hands before returning to work.

### Training Requirements for Food Service Workers

(Refer to *Title 22 Code of Regulations, §7636.5*)

1. Quarterly in-Service Training will be provided for all paid and volunteer food service personnel.
2. A Yearly Written Plan for in-service training will be developed and on file. The training plan will identify who will conduct the training and when it will be conducted. Training topics may include portion control, food preparation methods, sanitation, food spoilage, food handling techniques, food delivery, prevention of foodborne illness, equipment operation and maintenance, and nutrition service standards
3. All Food Service Managers must be ServSafe certified by the National Restaurant Association. It is strongly recommended that all paid site managers and home-delivered meals coordinators attend ServSafe training. Each congregate meal site must also display a ServSafe certification.

## Packaging for Home-Delivered Meals

Each Senior Nutrition Program can choose to deliver hot or frozen meals and may determine the frequency of delivery (daily, weekly, biweekly). Meals must always be delivered in person and will never be left outside for the intended recipient. Program staff must assess the recipient's ability to operate an oven or microwave safely.

### *Hot Meals*

1. Hot food should be at a minimum of 165°F when placed in packaging containers. Some items can be heated to higher temperatures depending on composition; however, excessive temperatures can alter quality as well as palatability of many foods.
2. Temperatures of hot foods should be maintained at a minimum of 140°F.
3. Food mass is an important factor in heat retention. Foods with greater mass retain heat longer. Foods prepared in or serviced with sauces/gravies retain heat and moisture longer.
4. The recommended serving temperature for soup is 160°F or higher, which necessitates an input temperature of at least 180°F. It can be difficult to attain this temperature in cream/milk-based soups without a change in consistency, so care must be exercised.
5. Hot food should be loaded into packaging containers immediately upon being packaged. The packing should be closed tightly when loading is complete.

### *Cold Meals*

1. Packaged cold foods must be under 40°F at packing. Many cold foods are potential health hazards if not properly refrigerated. Adequate refrigeration is necessary for maintenance of cold foods prior to packing.
2. Cold food temperatures should not rise above 41°F; 40°F is considered preferable for safety and palatability.
3. Thorough instructions for reheating meals must be on all containers in clear and simple language.

### *Frozen Meals*

1. Program staff must ensure the recipient has freezer capacity to store the meals and an oven capable of heating them.
2. Program staff should ensure recipients store all food items appropriately.

### *Pick Up Meals*

Pick Up Meal program recipients must qualify for home-delivered meals and caregivers must be informed of safe food handling procedures when they sign for the meals.

## Foodborne Illness Complaint Procedures

Any complaint of foodborne illness will be treated seriously, reported immediately, and investigated thoroughly following the reporting procedures established in CDA Program Guidelines, 7636.1 §4 and the California Uniform Food Facilities Law (CURFFL) §114022.

### *Person Receiving Complaint*

#### **Immediately or Within 1 Hour**

1. Collect data:
  - a. Who and how many?
  - b. What site(s) involved?
  - c. When (day and time) illness noted?
  - d. Menu involved?
2. Inform site manager if that individual is not the person receiving initial complaint.
3. Inform program director or food coordinator.
4. Immediately impound all implicated leftovers. Cover, label, date, and refrigerate all items.

### *Nutrition Services Director*

#### **Immediately**

1. Verify complaint, review data, supplementing information as needed.
2. Verify implicated food has been impounded: covered, labeled, dated and refrigerated.



3. Report problem to VCAAA and Registered Dietitian within 24 hours, for consultation and investigation including:
  - a. Site(s) involved
  - b. Date of reported occurrence
  - c. Estimated number of persons involved
  - d. Investigative procedures in process

### *Program Dietitian*

#### **Immediately**

1. Verify all implicated food has been impounded, covered, labeled, dated and refrigerated. Dispose of impounded food only after investigation is complete.

#### **Subsequent to Verification of Impoundment**

2. Determine the extent of the investigation of the complaint after reviewing the information provided by the initial contact person.
3. Notify Environmental Health Department if necessary and assist EHD personnel in validation of complaints and determination of possible causative factor(s).
4. Thoroughly review all aspects of food handling, procurement, preparation, service and storage for compliance with established sanitation procedures.
5. Document findings, report to program director, develop needed policies and procedures and in-service training plans.
6. Implement new policies, procedures and training plans. Evaluate their effectiveness.

## **PART 10 – MENU PLANNING REQUIREMENTS**

Monthly menus are designed by the VCAAA Registered Dietitian and provided to each Senior Nutrition Program at least one week in advance of the service month. Meals will be prepared by Senior Nutrition staff in licensed kitchens following the instructions on the packaging and served in a manner to maintain the integrity and quality of the food being served. Food not approved in advance may not be served.

### *Nutritional Requirements*

The VCAAA will provide each Senior Nutrition Program grantee with meals that meet the following nutritional criteria:

1. Each meal will:
  - a. Provide a weekly average caloric range of 600 to 800 kilocalories per meal.
  - b. Provide a 3-ounce cooked edible portion of meat, fish, poultry, eggs cheese or the protein equivalent daily
  - c. Contain at least two ½-cup servings, drained weight or volume or different vegetables or fruits or their juices.
  - d. Contain at least one serving of whole grain.
  - e. Contain 8 ounces of fortified fat-free milk, low-fat milk, or buttermilk, or the calcium equivalent to one-third of the Daily Recommended Intake (DRI).
  - f. Contain ½-cup serving of a dessert.
  - g. Provide food(s) containing a minimum of 25 milligrams of Vitamin C.
2. Food(s) containing a minimum of 250 micrograms of Vitamin A will be served at least three times per week for a five-day menu, and four times per week for a seven-day menu.
3. Meals using detailed nutritional analysis shall identify, at a minimum the following values:
  - a. Vitamins: A, B (niacin, riboflavin, folic acid, thiamin, B12), C D and E
  - b. Minerals: calcium, iron, zinc and magnesium
  - c. Fiber
  - d. Kilocalories
4. Each meal will comply with the most current Dietary Guidelines for Americans and CDA Program Memo 0713.

## **PART 11 – SELECTION OF NUTRITION SERVICE PROVIDERS**

The Ventura County Area Agency on Aging will award all nutrition service contracts through a competitive bid process to Providers who conform to the policies and procedures outlined in the RFP.

## **PART 12 – REPORTING REQUIREMENTS**

Senior Nutrition Program grantees will adhere to weekly, monthly, quarterly and annual reporting requirements as determined by the VCAAA. Administrative reporting requirements include, but are not limited to the following:

1. Timely and Accurate Reporting of Monthly Meal Counts
2. Client Roster
3. Participant Meal Registration Forms
4. Home-Delivered Meals Assessments
5. Requests for Funds
6. Food Ordering
7. Temperature Logs

### **Monthly Program Reports**

1. Each Senior Nutrition Program grantee shall report meal counts monthly to the VCAAA via Q CareAccess and manually via Monthly Program Report forms to the Grants Manager.
2. The monthly meal count includes meals for qualified participants, caregiver or spouse meals, volunteer and staff meals, paid meals, and “wasted meals.”
3. Meal counts are due by the 10<sup>th</sup> of each month following the month of service.
4. Meal counts on Monthly Program Reports should be verified and matched to Q CareAccess prior to submission.

### **Client Roster**

Congregate meal recipients must sign the daily roster for their meals. Site Coordinators must record the number of meals provided to each senior each day. Each meal will be associated with a person.

Non-seniors eating will be classified as one of three categories:

1. Caregiver or Spouse
2. Staff or Volunteer
3. Non-Senior, Private-Pay

### **Participant Meal Registration Forms**

Current and complete meal registration forms for congregate and home-delivered meal recipients will be kept on file. When not in active use, forms must be stored in a locked cabinet or drawer.

### **Home-Delivered Meals Assessments**

Each home-delivered meal recipient shall also have a current home-delivered meals assessment on file. When not in active use, forms must be stored in a locked cabinet or drawer.

### **Requests for Funds**

Requests for Funds (RFF) must be sent to VCAAA Fiscal monthly per established procedures.

### **Food Ordering**

Site Coordinators place weekly meal orders with VCAAA. The number of meals ordered is determined by the current meal count.

All food invoices will be signed and a copy forwarded to VCAAA Fiscal monthly for payment. If damaged food is received, VCAAA will be notified immediately and the food returned to the distributor for a credit.

All backup records and reports will be maintained on file for assessment/audit purposes for three years or a financial audit by the California Department on Aging.

### Temperature Logs

Temperature logs will be provided monthly to the VCAAA where they are reviewed to ensure food safety and quality. Refer to [Part 13 – Temperature Documentation](#).

### Audit Reports

1. Audit reports must identify each program by the funding source, contract number, contract amount, and contract period.
2. Audit reports should be submitted within six months after the close of the budget year.
3. Contractors who are required to have an audit report must have a section on the report that identifies and separates the federal, state and county funds.

### Reporting Forms

The following reports will be sent monthly to the VCAAA:

1. Requests for Funds
2. Monthly Program Report
3. Temperature Logs

In addition, a roster of home-delivered meals clients will be sent at least quarterly to the VCAAA for emergency preparedness backup.

All Senior Nutrition Program documents and records will be made available for audit, assessment and/or inspection by an authorized representative from VCAAA upon request. Each Senior Nutrition Program grantee will ensure that any information provided by participants will be maintained in a secure and confidential manner.

All program related documentation will be kept on-site in a secure and confidential manner for three years.

## **PART 13 – TEMPERATURE DOCUMENTATION**

All programs will maintain temperature documentation forms for inspection by the VCAAA and send forms monthly to the VCAAA.

All hot foods will reach at least 165°F at the end of production. Soups will reach at least 180°F at the end of production.

Hot and cold food temperatures will be documented and records kept for VCAAA inspection for the following:

1. All refrigerators at kitchen and meal sites
2. All freezers at kitchen and meal sites
3. Dry food-storage area temperatures
4. Biweekly end-of-route home-delivered meals temperatures
5. Weekly end-of-route home-delivered meals temperatures if ongoing temperature readings are not in compliance with stated requirements
6. Daily end-of-production temperatures per VCAAA standards
7. Daily start of trayline temperatures per VCAAA standards
8. Daily receipt of meal at senior meal site

9. Daily start of congregate meal service, unless such service beings less than 30 minutes after receipt of meal and documented temperatures are within acceptable range

## Procedures

### *Taking Temperatures of Food*

1. Wash, rinse, sanitize and air dry thermometer stem before and after each use.
2. Insert stem 2 inches into the center of the food or until dimple of stem is surrounded by the food. Do not touch any meat bone or bottom of pan. Pack down less dense foods prior to inserting the probe.
3. Wait for the needle or the numbers on the digital readout to stop. When the needle has stopped moving for 15 seconds, record the temperature reading and the time.
4. Sanitize thermometer between readings. To sanitize, use alcohol swabs or a solution of bleach: ½ capful of bleach to 1 cup of water.
5. Recalibrate or adjust the accuracy of the thermometer as needed.
6. If the temperature of the hot food is below 140°F, the food must be reheated to 165°F.
7. All cold food must be below 40°F.
8. Project dietitians will check thermometer accuracy during quarterly site monitoring.

### *Thermometer Calibration*

1. Ice point method: insert the stem into a 50/50 ice and water slush until the needle stops. Turn the calibration nut (usually under the dial) until the needle reaches 32°F.
2. Boiling point method: insert the stem of the thermometer into boiling water until the needle stops. Turn the calibration nut until the needle reads 212°F.

## **PART 14 – INSPECTIONS**

Program managers or dietitians of an agency administering a kitchen, VCAAA staff and CDA inspectors will have the right to inspect the food production kitchen at any time and without notice. All authorized representatives of Ventura County, the state or federal government will have the right to inspect, review and audit kitchens, food production areas, serving areas, packing and storage areas, equipment, and all records relating to senior meals purchased and produced and the performance of contracting agencies regarding senior meals.

A chemical analysis of any food provided by the contracting agency may be made by the VCAAA at any time. The contracting agency is liable for the cost of analysis if the finding discloses that the food does not comply with meal or health regulations.

VCAAA will hold on-site inspections of all provider kitchens. See Appendix for [Kitchen Assessment – To Be Completed by VCAAA Dietitian and Quarterly Site Monitor](#), which include a sample monitoring tool and list of required documentation for inspections. All programs will be monitored annually, with follow-up, corrective action, or sanctions, as needed, outlined in the monitoring report.

## **PART 15 – EMERGENCY PREPAREDNESS**

It is the responsibility of all VCAAA contractors to prepare a written Emergency Operations Plan that can be activated in an emergency. Each Senior Nutrition grantee is responsible for contracting with local fire safety departments to provide training in emergency procedures including:

1. Fire Safety
2. First Aid
3. Choking
4. Earthquake Preparedness

All administrators of home-delivered meals programs must have a backup system in place for meal production in the event their kitchen is inoperable.

## **PART 16 – NATIONAL AGING PROGRAM INFORMATION SYSTEM (NAPIS)**

The Older Americans Act calls for annual performance by the National Network on Aging. In the 1992, the Administration on Aging was directed to develop refined reporting procedures for use by area agencies on aging. The Administration on Aging undertook the development of the National Aging Program Information System (NAPIS).

NAPIS requires that data is collected by the Area Agency on Aging and must be submitted by the contractor on a monthly basis. All programs will maintain statistical and financial data in such a way as to be able to document and assure the accuracy of the data presented in the required program and financial reports.

## **PART 17 – ELDER ABUSE REPORTING**

Effective January 1999, the Elder and Dependent Adult Abuse Law (SB 2199) states that all persons providing care, whether paid or not paid and whether full time or intermittent, specifically including area agencies on aging, must report physical abuse, abandonment, isolation, financial abuse, and neglect to Adult Protective Services. ***All program staff and volunteers are mandatory elder abuse reporters.***

## **PART 18 – LEFTOVERS**

If programs have established and operationally effective procedures for estimation of the number of meals to purchase, prepare and serve, purchasing, the amount of leftovers should be kept to a minimum.

Numerous and frequent leftovers create production and storage problems, food safety risks, and increased food costs. If programs have leftovers on a regular basis, it can mean any of the following:

1. Improper quantities of food are being ordered and/or prepared.
2. Incorrect estimation of the number of meals to be served on a daily basis (i.e. meal count does not reflect fluctuations due to activities, weather conditions, menu popularity).
3. Reservation system may be inaccurate.
4. Program may not be comparing number of participants served with number of meals ordered.

### **Congregate Meal Site Leftovers**

[Refer to CDA Section H 147.15(2)]

1. Food will be served and consumed at the meal site.
2. Uneaten food will be discarded. Only foods in unopened containers are excluded.
3. Extra perishable food items will be offered to participants as seconds.
4. Leftover meals may not be counted for NSIP reimbursement.
5. No unserved food will be taken from the site by employees, volunteers, or participants.
6. The taking of potentially hazardous food from the site by participants after being served is not condoned, nor is it forbidden.
7. Programs will post a sign in the appropriate language(s) stating: "For health reasons taking potentially hazardous food is not recommended. Doing so is at your own risk."
8. Programs will educate participants regarding sources and prevention of foodborne illness.
9. Provider may store extra food on-site to avoid turning away eligible seniors, with written protocols in place that have been approved by the VCAAA.

**Food that has been served to participants and not consumed will be discarded.**

### **Home-Delivered Meals Leftovers**

1. Extra meals will be distributed to needy clients on the driver route or used for taking temperatures. Under no circumstances will leftover meals be returned to the kitchen for future consumption.
2. Agencies will have a set system for documenting extra route meals and their disposition.

## **PART 19 – CLOSURE OR RELOCATION OF NUTRITION SITES**

### **First Steps**

Conditions that may indicate the necessity for starting a process to close or relocate a nutrition site include:

1. Documented evidence of the misuse or theft of public funds by contractor or contractor's employee.
2. When there is a threat to the health and safety of the participants, such as an unsafe, unsanitary building.
3. Costs for operating the site far exceed average costs for similar sites.
4. Contractor has failed to comply with the terms of the contract.
5. When it can be shown that by closing or consolidating sites it is possible to serve more effectively and efficiently the same or a larger number of people, especially if another site is available within a reasonable proximity.

### **Site Closure**

When attempting to close a site, all of the following steps must be taken, necessitating a lead time of 60-90 days for site closures. However, the following reasons may allow the process to be abbreviated:

1. When there is documented evidence of the misuse or theft of public funds by the contractor or contracted employee.
2. When there is an immediate threat to the health and safety of the participants to continue to have meals at that site.
3. When there is a natural disaster.
4. When the site is no longer available to the project.

If no acceptable solution to the problem has been found, the provider may proceed to give the subcontractor and/or staff and participants at the site a 60-day written notice of intent to close or relocate the site, including the reasons for the action.

The following steps must be taken before closing or relocating a site:

1. Within 15 days of notifying the State of California Department of Aging, prepare a written transition plan including the following elements:
  - a. How will clients be notified of the change?
  - b. Describe your plans to communicate with other organizations that can assist with locating alternative resources.
  - c. Describe your plans to inform community referral sources of the closure and what other alternatives exist for future referrals.
  - d. How will clients be evaluated to determine appropriate placement in other programs?
  - e. What is your plan to transfer, store or destroy confidential records in accordance with all applicable laws and regulations?
  - f. What is your plan to ensure adequate staffing for the remainder of your contract?
  - g. Provide a full inventory of grant-funded equipment.
  - h. Any other relevant information about the closure.
2. The VCAAA Grants and Fiscal Managers must be kept informed at all times of the status of the site closure.

### **Fair Hearing (Appeals) Process**

1. Within 10 days after written notice has been given of closing or relocating the site, all parties have a right to request a fair hearing.
2. The Ventura County Advisory Council must hear all appeals regarding site closures.
3. The decision regarding site closure will be made by the Director of the VCAAA. The VCAAA will take into consideration the Advisory Council's recommendation and must advise all parties of the decision within 10 days. The decision of the Director of the VCAAA is final.



## **PART 20 – VEHICLE MAINTENANCE**

All vehicles used to support local program operations must adhere to the following:

1. All vehicles must be operated in a safe manner at all times.
2. Drivers are required to carry a valid California driver's license at all times while operating the vehicle during the delivery of meals.

All vehicles operated by the local program must:

1. Be locked and secured in the appropriate area when not in use.
2. Cleaned, in and out, daily.
3. Problems must be immediately reported to the appropriate staff.
4. Periodic inspections will be made on all vehicles to ensure adherence of policies and procedures.

## **PART 21 – NUTRITION SERVICES INCENTIVE PROGRAM (NSIP)**

(Refer to *Title 22 Code of Regulations, §7636.9.*)

## **PART 22 – GRIEVANCE PROCEDURES**

(Refer to *Title 22 Code of Regulations, Chapter 5, Title III Programs, §7700 General Provisions.*)

All grantees will have a written grievance procedure for clients and have it available for review at all VCAAA site monitoring visits.

### **Inquiries and Complaints Regarding National Origin**

1. Grantees will designate an employee to whom initial complaints or inquiries regarding national origin can be directed and provide the designated person's name to the VCAAA Grants Manager.
2. The VCAAA Grants Manager will be notified any time the designated person changes.
3. Complaints regarding national origin discrimination will be handled by the grantee.
4. If the complaint is not resolved, the complainant will be provided with the name and phone number of person at the VCAAA who handles complaints regarding national origin.
5. Marleen Canniff (805-477-7311) is the designated staff person at the Area Agency on Aging to handle national origin discrimination complaints.
6. If a complaint is made alleging discrimination based on a violation of State or Federal Law (22 CCR 98211, 98310, 98340) the Grantee will notify the VCAAA immediately.

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# **APPENDIX**

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## Meal Types, Care Plan Options, Eligibility Criteria

Meal Type	Setting	Qualification
<b>Home-Delivered Meal</b>	Home	<ul style="list-style-type: none"> <li>• 60 years or older and homebound by reason of function and/or disability and or isolation</li> <li>• Person under 60 may qualify if they are disabled and reside with someone 60 years or older who is eligible for home-delivered meals</li> <li>• Spouse of a person that qualifies for a home-delivered meal also qualifies, regardless of age</li> </ul>
<b>Congregate Meal</b>	Congregate Meal Site	<ul style="list-style-type: none"> <li>• 60 years or older</li> <li>• Spouse accompanying a person that is 60 years or older, regardless of age</li> </ul>
<b>Caregiver Meal</b>	Congregate Meal Site	<ul style="list-style-type: none"> <li>• Must be caregiver of someone 60 years of age or older who is attending the congregate meal site – The person receiving care must be present and consume a meal</li> </ul>
<b>Staff Meal</b>	Congregate Meal Site	<ul style="list-style-type: none"> <li>• Must be present during the congregate lunch and assist with the serving or preparation of food, or administration thereof</li> </ul>
<b>Volunteer Meal</b>	Congregate Meal Site	<ul style="list-style-type: none"> <li>• Must assist in the home delivery of meals or help at the congregate meal site with meal preparation, serving or administration thereof</li> </ul>
<b>Paid Meal</b>	Congregate Meal Site	<ul style="list-style-type: none"> <li>• Anyone under age 60 eating a meal that does not qualify under any of the above criteria</li> </ul>

## Foods and Food Item Guidelines

### VENTURA COUNTY AREA AGENCY ON AGING SENIOR NUTRITION PROGRAM FOODS AND FOOD ITEM GUIDELINES

Per state and federal regulations, no food from persons, stores, or any other source can be used as supplements to the approved meal served to participants of the Senior Meal Program without approval from Ventura County Area on Aging's Registered Dietitian.

#### List of food and food items that pose a potential risk for contracting a foodborne illness and therefore should be discarded:

##### CAN FOODS:

Cans with swollen ends, leak, flawed seals,  
rust, or dents  
Previously opened  
Outdated  
Home prepared  
Expiration date is not visible  
Content label missing

##### PRODUCE:

Pre-cut or pre-packaged not held at 41 degrees  
or lower  
Content label missing or outdated  
Visible extensive bruising or cuts on its exterior  
Unpleasant odors and tastes  
NO sprouts of any kind  
Mold  
Mushiness  
Discoloration  
Insect infestation  
Packaging with holes, tears, or punctures,  
dampness or water stains on outer cases  
and inner packaging

##### BREADS AND BREAD PRODUCTS:

Opened  
Outdated  
Content label missing  
Visible mold or discoloration  
Insect infestation  
Packaging with holes, tears, or punctures,  
dampness or water stains on outer cases  
and inner packaging

##### MEATS, POULTRY, SEAFOOD, SHELLFISH:

No raw uncooked, undercooked meats or poultry  
not held at 41 degrees or lower  
No shellfish or seafood of any kind  
Broken cartons, dirty wrappers, torn packaging,  
vacuum packaging with broken seals  
Abnormal color  
Unpleasant taste or smell  
Content label missing  
Outdated  
Insect infestation

##### DAIRY/EGGS/CHEESE:

Not held at 41 degrees or lower  
Eggs dirty or cracked, sulfur smell or off odor  
Cheese with uneven color, unnatural mold,  
abnormal texture  
Opened  
Outdated  
Packaging with holes, tears, or punctures,  
dampness or water stains on outer cases  
and inner packaging  
Content label missing

##### MISCELLANEOUS PACKAGED SHELF STABLE

##### FOODS:

Opened  
Outdated  
Packaging with holes, tears, or punctures,  
dampness or water stains on outer cases  
and inner packaging  
Content label missing  
Insect infestation  
Visible signs of abuse or poor quality

## Approved Salad Bar Items

### **APPROVED SALAD BAR ITEMS**

*If an item is not on the list – must be pre-approved*

#### **VEGETABLES AND FRUITS:**

- Any fresh (except sprouts of any kind)
- Any frozen (without added sugar)
- Any canned (without added salt, or thoroughly rinsed in water if salt is added)

#### **PROTEINS:**

- Any Bean (fresh, frozen or canned - rinse thoroughly in water if salt added)
- Nuts (any kind of nut – preferably without salt)
- Any seeds (preferably without salt)
- Cooked meat, tuna, crab or poultry (except ham)
- Cheese (shredded only)
- Hard boiled eggs
- Tofu

*No croutons unless homemade and pre-approved*

September 9, 2011

### SAFE SELF-SERVICE SALAD BAR AREA

Customers choosing food from self-service areas such as salad bars often unknowingly serve themselves in ways that can put them and other customers in danger.

- **Eat from their plate or nibble from the food bar while moving through the line.**
- **Pick up carrot sticks, pickles, and olives or other food with their fingers,**
- **Dip a finger into salad dressing to taste it.**
- **Return unwanted food items**
- **Use a soiled plate for a second helping**
- **Put head under the sneeze guard to reach items in the back of the display.**

Salad bars should be monitored closely by employees trained in food safety procedures. Assign a staff member to replenish salad bar items and to hand out fresh plates for return visits. Post signs with polite tips about salad bar etiquette. These practices will go a long way toward keeping self-service areas more sanitary. Here are some basic rules for salad bars:

- **Protect food on display with sneeze guards or food shields:** These must be fourteen inches above the food counter, and the shield should extend seven inches beyond the food.
- **Identify all food items in the salad bar by labeling containers.** Place names of salad dressings on ladle handles
- **Maintain proper food temperatures.** Keep hot food hot – 140 degrees F or higher, and cold food cold – 41 degrees F or lower.
- **Replenish food on a timely basis.** Prepare and replenish small amounts at a time so food is fresher and has less chance of being exposed to contamination. Always practice the FIFO method of product rotation.
- **Never mix new batches of produce with old produce in salad bar.**
- **Keep raw meat, fish, and poultry separate from cooked and ready-to-eat food.** Customers can easily spill when serving themselves. Use separate displays or food bars for raw and cooked food.
- **Do not let customers use soiled plates or silverware for refills.** Encourage all customers to take a clean plate for return trips to the salad bar.

Patti Jaeger, RD – April 2006

## Content of Home-Delivered Meal Biweekly Bag

### Contents of a **Bi-Weekly Bag** (10 Meals) of Home-Delivered Meals (Oxnard & Ventura)

- 10 Frozen Entrees (protein, starch, 2 vegetables)
- 2 cartons of shelf-stable milk (low or non-fat)
- 5 servings of fresh fruit
- 5 applesauce/fruit cups
- 8 servings of cheese or yogurt
- 1 one pound bag of fresh salad
- 3 packets of dressing
- 1 loaf of whole wheat bread
- 10 pats of butter

For questions about the quantity or kind food please contact the City of Ventura at (805) 648-3035 or the City of Oxnard at (805) 385-8029.

### Contents of a **Bi-Weekly Bag** (10 Meals) of Home-Delivered Meals (Oxnard & Ventura)

- 10 Frozen Entrees (protein, starch, 2 vegetables)
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- 3 packets of dressing
- 1 loaf of whole wheat bread
- 10 pats of butter

For questions about the quantity or kind food please contact the City of Ventura at (805) 648-3035 or the City of Oxnard at (805) 385-8029.

## Kitchen Assessment – To Be Completed by VCAAA Dietitian

### VENTURA COUNTY AREA AGENCY ON AGING

#### SENIOR NUTRITION PROGRAM – ANNUAL KITCHEN ASSESSMENT TOOL

Site \_\_\_\_\_ Date \_\_\_\_\_

RD/RDN Consultant \_\_\_\_\_

Are all meals reviewed by VCAAA RD and meet 1/3 DRI on a weekly basis? \_\_\_\_\_

#### **STAFF/VOLUNTEERS WITH SENIOR NUTRITION PROGRAM**

Name	Position

**METHOD OF FOOD PREPARATION FOR CONGREGATE:** \_\_\_\_\_

Service days: M\_\_\_ T\_\_\_ W\_\_\_ TH\_\_\_ F\_\_\_ Number of Congregate Participants \_\_\_\_\_

**METHOD OF FOOD PREPARATION FOR HOME DELIVERED:** \_\_\_\_\_

Delivery days: M\_\_\_ T\_\_\_ W\_\_\_ TH\_\_\_ F\_\_\_ Number of HDM Participants \_\_\_\_\_

#### **CERTIFICATIONS/INSPECTIONS:**

Name	Date	Yes	No
1. Temperature Log posted			
2. Current Health Inspection posted			
3. Materials Data Sheet current (MDS)			
4. Fire Extinguisher current			
5. ServSafe Certifications current and posted:  Names: _____ _____ _____	_____ _____ _____		



## **EQUIPMENT/APPLIANCES**

### **A. REFRIGERATOR:**

- Clean: Yes \_\_\_\_ No \_\_\_\_
- Thermometer working: Yes \_\_\_\_ No \_\_\_\_
- Temperature: \_\_\_\_degrees F
- Open Food dated: Yes \_\_\_\_ No \_\_\_\_
- Condition: Good\_\_\_\_ Needs Repair\_\_\_\_\_

### **B. FREEZER:**

- Clean: Yes \_\_\_\_ No \_\_\_\_
- Thermometer working: Yes \_\_\_\_ No \_\_\_\_
- Temperature: \_\_\_\_degrees F
- Open Food dated: Yes \_\_\_\_ No \_\_\_\_
- Condition: Good\_\_\_\_ Needs Repair\_\_\_\_\_

### **C. STOVE/RANGE:**

- Clean: Yes \_\_\_\_ No \_\_\_\_
- Condition: Good\_\_\_\_ Needs Repair\_\_\_\_\_

### **D. DISHWASHERS/SINK COMPARTMENTS:**

- Method used: Sinks\_\_\_\_ Dishwasher\_\_\_\_\_
- Clean: Yes \_\_\_\_ No \_\_\_\_
- Condition: Good\_\_\_\_ Needs Repair\_\_\_\_\_
- Method/cleaning solutions used for cleaning tables?\_\_\_\_\_

### **E. MISC. EQUIPMENT USE:**

1. Microwave: Yes \_\_\_\_ No \_\_\_\_
2. Ice Machine: Yes \_\_\_\_ No \_\_\_\_
3. Tea/Coffee Maker: Yes \_\_\_\_ No \_\_\_\_
4. Pots/Pans: Yes \_\_\_\_ No \_\_\_\_
5. Dishware/Utensils: Yes \_\_\_\_ No \_\_\_\_
6. Produce Sink: Yes \_\_\_\_ No \_\_\_\_
7. Hand washing Sink: Yes \_\_\_\_ No \_\_\_\_
8. Crock Pot: Yes \_\_\_\_ No \_\_\_\_
9. Other:\_\_\_\_\_

## **EMPLOYEES**

- Do employees/volunteers properly clean hands prior to handling food? Yes \_\_\_\_ No \_\_\_\_
- Do all employees/volunteers wear gloves and hair nets during all meal preparation and service? Yes \_\_\_\_ No \_\_\_\_
- Do all employees practice "good personal hygiene? Yes \_\_\_\_ No \_\_\_\_
- Do employees attend mandatory quarterly staff in-services? Yes \_\_\_\_ No \_\_\_\_
- \_\_\_\_\_
- Are all staff/volunteers trained on use of fire extinguishers? Yes \_\_\_\_ No \_\_\_\_

### **MENU/MEAL QUALITY**

- Are menus posted in Dining area and visible? Yes \_\_\_\_ No \_\_\_\_
- Special made meals/month? \_\_\_\_\_
- Are all ingredients (in Special meals) pre-approved by an RD prior to use? Yes \_\_\_\_ No \_\_\_\_
- When feasible are religious, ethnic and cultural dietary needs considered? Yes \_\_\_\_ No \_\_\_\_
- Is there a method for soliciting participant comments? \_\_\_\_\_
- Is there a method for handling complaints from participants? \_\_\_\_\_
- Is portion control implemented? Yes \_\_\_\_ No \_\_\_\_
- How are leftovers handled? \_\_\_\_\_
- Are temperature logs up to date? Yes \_\_\_\_ No \_\_\_\_
- What is length of menu cycle? \_\_\_\_ month(s)

### **SANITATION AND SAFETY**

- Are all inspection reports kept on file? Yes \_\_\_\_ No \_\_\_\_
- Is there a policy/procedure for handling food borne illness? \_\_\_\_\_
- Is there an extermination service for insect and rodent control? \_\_\_\_\_
- Are fire drills performed at this facility? Yes \_\_\_\_ No \_\_\_\_
- Emergency evacuation plan? \_\_\_\_\_
- Is emergency food kept on site and dated? Yes \_\_\_\_ No \_\_\_\_
- Is dry food kept 6" off floor? Yes \_\_\_\_ No \_\_\_\_
- Are chemicals stored away from food? Yes \_\_\_\_ No \_\_\_\_
- Are counter tops cleaned using approved solutions? Yes \_\_\_\_ No \_\_\_\_
- Are all utensils/cutting boards properly cleaned and sanitized? Yes \_\_\_\_ No \_\_\_\_
- Are all deliveries inspected prior to accepting? Yes \_\_\_\_ No \_\_\_\_
- Are thermometers properly cleaned? Yes \_\_\_\_ No \_\_\_\_

### **COMMENTS/FOLLOW-UP RECOMMENDATIONS:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### **SITE VIOLATIONS:**

1. \_\_\_\_\_
2. \_\_\_\_\_

# Monthly Program Report (MPR) Form



## Ventura County Area Agency on Aging SENIOR NUTRITION - MONTHLY PROGRAM REPORT - FY2015-16

MONTH

JULY

Check box if revised report: ☐

YEAR

2015

GRANTEE

SAMPLE

CONTRACT #

SAMPLE

Please complete the following table and return this form to the VCAAA by the 10th of each month following the month of service.  
Please ensure the information on this document coincides with your service unit entries into Care Access/Q.

### 1. MONTHLY SERVICE UNIT SUMMARY

NUMBER OF MEALS	Current Month			Year to Date		
	Contracted	Actual	% of Contracted Meals	Contracted	Actual	% of Contracted Meals
<b>Senior Congregate (C1)</b>	55		0%	55	0	0%
Caregiver/Spouse Congregate					0	
Staff & Volunteer					0	
Guest					0	
Wasted Congregate					0	
<b>Subtotal (C1)</b>	55	0	0%	55	0	0%
Private Pay <i>(not included in totals)</i>					0	
<b>Senior Home Delivered (C2)</b>	1500		0%	1500	0	0%
Non-Senior Home Delivered					0	
Staff & Volunteer					0	
Wasted Home Delivered					0	
<b>Subtotal (C2)</b>	1500	0	0%	1500	0	0%
<b>TOTAL (C1+C2)</b>	1555	0	0%	1555	0	0%

Please explain any discrepancy -10%/+15% of the contracted service units:

### 2. NUMBER OF MEALS INVOICED/PREPARED

NUMBER OF MEALS	Current Month	Year to Date
Meals received from Jordanos		0
Homemade meals prepared from scratch or catered		0
<b>TOTAL</b>	0	0

### 3. NUMBER OF NEW CLIENTS SERVED THIS MONTH

	+		=	0
HDM		CONGREGATE		TOTAL

NEW CLIENTS YTD

0	+	0	=	0
HDM		CONGREGATE		TOTAL

4. Describe any changes or problems that have occurred over the past month with staffing, the program, etc.

5. Describe all program-related marketing and/or fundraising efforts conducted this month:

6. If any eligible clients were turned away due to lack of food or funding, please describe the circumstances:

7. Home Delivered Providers Only: Please list how many, if any, eligible clients are on a waiting list for home-delivered meals?

8. Does your organization require any technical assistance from the VCAAA?

☐

NO

☐

YES

**If yes:** Please briefly list type of assistance needed (fiscal, program, etc.), the name and contact information for person(s) requiring assistance:

The data and information contained in this report is correct and has been verified by the Site Director.

---

Authorized Signature - Site Director

Date

# SNP Monthly Log

## SENIOR NUTRITION PROGRAM MONTHLY LOG

Site		Month				
Day Of Month	Congregate Food Temp.  (165 degree or higher)	Congregate Milk Temp.  (41 degree of lower)	HDM Beginning and Ending Meal Temp. (165-140)	HDM Beginning and Ending Milk Temp. (41 degree)	Refrigerator Temp.  (35-38 degrees)	Freezer Temp.  (0 degrees)
1			/	/		
2			/	/		
3			/	/		
4			/	/		
5			/	/		
6			/	/		
7			/	/		
8			/	/		
9			/	/		
10			/	/		
11			/	/		
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26			/	/		
27			/	/		
28			/	/		
29			/	/		
30			/	/		
31			/	/		

Meals for both Congregate and HDM should be heated to 165 degrees or warmer. Ending meal temperatures for HDM should not be less than 140 degrees. Milk temperatures should not be higher than 41 degrees at the end of service or route.

## Quarterly Site Monitor

Site:

Date:

Menu:

Number of participants eating meal today:

## CERTIFICATION/INSPECTIONS/FORMS

ServSafe certificate posted

Health Inspection certificate date \_\_\_\_\_

Fire extinguisher date

MSDS Book updated	Yes	No

Temperature log posted    Yes               No           

	Yes	No
Menu posted in dining area		

**(ANSWER BELOW ITEMS WITH YES OR NO)**

## REFRIGERATORS/FREEZERS

Open items covered/labeled

Clean, orderly

### **DRY STORAGE**

Emergency Food dated

Open items covered/labeled

Clean, orderly

Food 6" off floor

**PERSONAL/STAFF**

## Appearance

Courtesy

**KITCHEN/DINING HOUSEKEEPING**

Kitchen area clean

Work areas uncluttered

Appliances clean

## Deep cleaning needed

Chemicals out of reach/locked

**MEAL SERVICE**

Food Served on time

## Proper food handling

Correct portions served

Gloves worn

Hair restraints worn

Temperatures taken:

Congregate

HD

Rugs/Mats

Space between tables adequate

Dining Room clean

**COMMENTS/RECOMMENDATIONS:**

--

Reviewed By:

# Congregate (C1) Meal Registration and Intake Form – English Language

Ventura County Area Agency on Aging  
Senior Nutrition Program CONGREGATE Meals (C1) - Client Intake Form FY 2015-2016

**TO PARTICIPATE IN CONGREGATE MEALS:** Person must be aged 60 or older. There is no charge for meals; however, donations are accepted. A person will not be denied services if he/she chooses not to donate.

<b>PLEASE PRINT OR TYPE</b>				<b>DATE:</b>				
<b>LAST NAME:</b>		<b>FIRST NAME:</b> <small>(No nicknames)</small>						
<b>Phone:</b>		<b>Birth Date:</b> <small>(Required)</small>						
<b>Street Address:</b>								
<b>City:</b>				<b>ZIP:</b> <small>(Required)</small>				
<b>MARITAL STATUS:</b> <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State								
<b>RACE - PLEASE CHOOSE (✓) ONE:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Asian Indian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Cambodian  <input type="checkbox"/> Chinese  <input type="checkbox"/> Declined to State         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Filipino  <input type="checkbox"/> Guamanian  <input type="checkbox"/> Hawaiian  <input type="checkbox"/> Japanese  <input type="checkbox"/> Korean  <input type="checkbox"/> Laotian         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Multiple Race  <input type="checkbox"/> Other Pacific Islander  <input type="checkbox"/> OTHER RACE – Includes Hispanic /Latino  <input type="checkbox"/> Samoan  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> White         </td> </tr> </table>						<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Declined to State	<input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian	<input type="checkbox"/> Multiple Race <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> OTHER RACE – Includes Hispanic /Latino <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Declined to State	<input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian	<input type="checkbox"/> Multiple Race <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> OTHER RACE – Includes Hispanic /Latino <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White						
<b>VETERAN STATUS:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Number of Persons Living in Household:</b>				
<b>ETHNICITY – CHOOSE ONE:</b>		<b>CLIENT LIVES:</b>		<b>Preferred Language Other than English:</b>				
<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Alone <input type="checkbox"/> Not Alone		<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Declined to State				
<b>APPLICANT'S INCOME LEVEL (approximate):</b>				<b>LOCAL EMERGENCY CONTACT:</b>				
<b>IF MARRIED:</b> <input type="checkbox"/> At or below Federal Poverty Level <small>(at or below \$15,930/yr. for 2015)</small> <input type="checkbox"/> Above Federal Poverty Level <small>(at or above \$15,931/yr. for 2015)</small> <input type="checkbox"/> Declined to State		<b>IF SINGLE:</b> <input type="checkbox"/> At or below Federal Poverty Level <small>(at or below \$11,770/yr. for 2015)</small> <input type="checkbox"/> Above Federal Poverty Level <small>(at or above \$11,771/yr. for 2015)</small> <input type="checkbox"/> Declined to State		<b>NAME:</b> _____  <b>PHONE:</b> _____				
<b>NUTRITIONAL ASSESSMENT OF APPLICANT:</b> <span style="float: right;">→ <b>CONFIDENTIAL</b> ←</span> <span style="float: right;">IF YES, CIRCLE</span>								
I have an illness or condition that changes the amount of food eaten.					2			
I eat fewer than 2 meals per day.					3			
I eat fewer than 2 daily servings of each of the following food groups: fruits, vegetables, milk					2			
I have three or more drinks of beer, liquor or wine almost every day.					2			
I have tooth or mouth problems that make it hard to eat.					2			
I do not always have enough money to buy the food that is needed.					4			
I eat alone most of the time.					1			
I take 3 or more different prescribed or over-the-counter drugs a day.					1			
Without wanting to, I have lost or gained 10 pounds in the past 6 months.					2			
I am not always physically able to shop, cook, and/or feed self.					2			
(If equal to or greater than 6, the client is at high nutritional risk→)					<b>Total Score:</b>			
I certify that all statements on this form are true and correct → _____ <div style="text-align: right;"><b>Applicant's Signature</b></div>								

CIRCLE ONE:    Senior    Caregiver    Spouse    Non-Senior    Staff/Volunteer    Private Pay

Form REV. 061815MC



# Congregate (C1) Meal Registration and Intake Form – Spanish Language

## Agencia sobre el Envejecimiento del Área del Condado de Ventura Programa de Nutrición para el Adulto Mayor, Congregar a Comer - Registración 2015

Para participar en el programa CONGREGAR A COMER: La persona debe tener de 60 años de edad o mayor. No hay ningún cargo para las comidas, sin embargo, se aceptan donaciones. No se le negarán los servicios en caso que decida no dar un donativo. LA INFORMACIÓN ES Estrictamente CONFIDENCIAL.

<b>POR FAVOR IMPRIMA O ESCRIBA</b>		<b>FECHA:</b>	
<b>APELLIDO:</b>		<b>NOMBRE: (No apodos)</b>	
<b>Teléfono:</b>		<b>Fecha de nacimiento: (Requerido)</b>	
<b>Dirección:</b>			
<b>Ciudad:</b>		<b># Postal: (Requerido)</b>	
<b>ESTADO CIVIL:</b> <input type="checkbox"/> Divorciado(a) <input type="checkbox"/> Compañero de hogar <input type="checkbox"/> Casado(a) <input type="checkbox"/> Separado(a) <input type="checkbox"/> Soltero(a) <input type="checkbox"/> Viudo(a) <input type="checkbox"/> Se negó a declarar			
<b>Raza - por favor, elija (✓) uno:</b>			
<input type="checkbox"/> Indio americano o nativo de Alaska <input type="checkbox"/> India asiática <input type="checkbox"/> Negro o afroamericano <input type="checkbox"/> Camboya <input type="checkbox"/> Chino <input type="checkbox"/> Se negó a declarar		<input type="checkbox"/> Filipino <input type="checkbox"/> Guames <input type="checkbox"/> Hawaiano <input type="checkbox"/> Japonés <input type="checkbox"/> Coreano <input type="checkbox"/> Laos <input type="checkbox"/> Múltiples razas <input type="checkbox"/> Otros isleños del Pacífico <input type="checkbox"/> OTRA RAZA – incluye Hispanos /Latino <input type="checkbox"/> Samoa <input type="checkbox"/> Vietnamita <input type="checkbox"/> Blanco	
<b>VETERANO:</b>	<input type="checkbox"/> Sí <input type="checkbox"/> No	<b>Número de personas que viven en el hogar:</b>	
<b>ORIGEN ÉTNICO – ELIJA UNO:</b>	<b>CLIENTE VIVE:</b>	<b>Género:</b>	
<input type="checkbox"/> No Hispano/Latino <input type="checkbox"/> Hispano/Latino	<input type="checkbox"/> Solo <input type="checkbox"/> Acompañado	<input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> Transgénero <input type="checkbox"/> Otro <input type="checkbox"/> Se negó a declarar	
<b>NIVEL de ingresos del solicitante (aproximado):</b>		<b>CONTACTO LOCAL DE EMERGENCIA:</b>	
<b>SI ES CASADO(A):</b> <input type="checkbox"/> En o por debajo del nivel de pobreza Federal (en o por debajo de \$15.930/año) <input type="checkbox"/> Por encima del nivel de pobreza Federal (o por encima de \$15.931 o más /año) <input type="checkbox"/> Se negó a declarar		<b>SI ES SOLTERO(A):</b> <input type="checkbox"/> En o por debajo del nivel de pobreza Federal (en o por debajo de \$11.770/año) <input type="checkbox"/> Por encima del nivel de pobreza Federal (o por encima de \$11.771 o más /año) <input type="checkbox"/> Se negó a declarar	
		<b>NOMBRE:</b> _____ <b>TELÉFONO:</b> _____	
<b>EVALUACIÓN NUTRICIONAL DEL SOLICITANTE</b>			
Tengo una enfermedad o afección que afecta el tipo o la cantidad de comida que ingiero.		<b>2</b>	
Como menos de dos (2) comidas diarias.		<b>3</b>	
Como menos de dos (2) porciones diarias de cada uno de los siguientes elementos de alimentos: frutas y verduras, y productos lácteos.		<b>2</b>	
Tomo tres (3) o más vasos de vino, cerveza o licor cada día.		<b>2</b>	
Tengo problemas dental o de boca que hacen difícil comer.		<b>2</b>	
No siempre dispongo de dinero suficiente para comprar los alimentos que necesito.		<b>4</b>	
Como solo la mayor parte del tiempo.		<b>1</b>	
Tomo tres (3) o más medicamentos recetados o no recetados por día.		<b>1</b>	
Sin querer he perdido o ganado 10 libras de peso en los últimos 6 meses		<b>2</b>	
Mi capacidad física no siempre me permite hacer compras, cocinar o alimentarme		<b>2</b>	
<b>(Si el puntaje es igual o superior a 6, el cliente está en alto riesgo nutricional →) Total Puntuación:</b>			
Certifico que todas las declaraciones en este formulario son verdaderas y correctas. → _____ <div style="text-align: right;">Firma del solicitante</div>			

ADULTO MAYOR    PROVEEDOR DE CUIDADOS    CÓNYUGE    NO-ADULTO MAYOR    EMPLEADO/VOLUNTARIO    PAGO PRIVADO



# Home-Delivered Meals (C2) Intake and Assessment Worksheet – English Language

Ventura County Area Agency on Aging  
Senior Nutrition Program HOME DELIVERED Meals (C2) - Client Intake Form FY 2015-2016  
**CONFIDENTIAL**

**TO RECEIVE HOME DELIVERED MEALS:** Person must be aged 60 or older, homebound due to illness or disability, unable to prepare his/her own meals, unable to drive and unable to attend a congregate meal site if transportation were provided. There is no charge for meals, however, donations are accepted. A person will not be denied services if he/she chooses not to donate. **INFORMATION IS KEPT STRICTLY CONFIDENTIAL.**

<b>PLEASE PRINT OR TYPE</b>		<b>DATE:</b>	
<b>LAST NAME:</b>		<b>FIRST NAME: (No nicknames)</b>	
<b>APPLICANT ELIGIBILITY</b>		<b>YES</b>	<b>NO</b>
<b>Is applicant homebound due to illness or disability?*</b>			
<b>Is applicant 60 or older, and/or the spouse/full-time caregiver of an eligible senior?*</b>			
<b>Is applicant able to prepare meals?***</b>			
<b>Does applicant drive?***</b>			
<b>Can applicant attend a congregate meal site if transportation is provided?***</b>			
<b>Street Address:</b>		<b>Phone:</b>	
<b>City:</b>		<b>ZIP: (Required)</b>	<b>Birth Date: (Required)</b>
<b>MARITAL STATUS:</b> <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State			
<b>RACE - PLEASE CHOOSE (✓) ONE:</b>			
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Declined to State <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Multiple Race <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> OTHER RACE – Includes Hispanic /Latino <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White			
<b>VETERAN STATUS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Number of Persons Living in Household:</b>	
<b>ETHNICITY – CHOOSE ONE:</b>		<b>CLIENT LIVES:</b>	
<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Alone <input type="checkbox"/> Not Alone	
<b>APPLICANT'S INCOME LEVEL (approximate):</b>		<b>LOCAL EMERGENCY CONTACT:</b>	
<b>IF MARRIED:</b> <input type="checkbox"/> At or below Federal Poverty Level <i>(at or below \$15,930/yr. for 2015)</i> <input type="checkbox"/> Above Federal Poverty Level <i>(at or above \$15,931/yr. for 2015)</i> <input type="checkbox"/> Declined to State		<b>IF SINGLE:</b> <input type="checkbox"/> At or below Federal Poverty Level <i>(at or below \$11,770/yr. for 2015)</i> <input type="checkbox"/> Above Federal Poverty Level <i>(at or above \$11,771/yr. for 2015)</i> <input type="checkbox"/> Declined to State	
		<b>NAME:</b> _____ <b>PHONE:</b> _____	
<b>ABOUT THE APPLICANT:</b>		<b>YES</b>	<b>NO</b>
Any dietary restrictions? (If yes, explain)			
A working refrigerator?			
Freezer space to store five (5) frozen meals?			
A working oven/microwave?			
Physically and mentally able to reheat a meal?			
Interested in weekend meals, if available?			
Applicant is: <input type="checkbox"/> Blind <input type="checkbox"/> Deaf Applicant uses: <input type="checkbox"/> Walker <input type="checkbox"/> Cane			
<b>COMMENTS:</b>			

Ventura County Area Agency on Aging  
 Senior Nutrition Program HOME DELIVERED Meals (C2) - Client Intake Form FY 2015-2016  
**CONFIDENTIAL**

<b>NUTRITIONAL ASSESSMENT OF APPLICANT:</b>							IF YES, CIRCLE
Has an illness or condition that changes the amount of food eaten?							<b>2</b>
Eats fewer than 2 meals per day?							<b>3</b>
Eats fewer than 2 daily servings of each of the following food groups: fruits, vegetables, milk?							<b>2</b>
Has three or more drinks of beer, liquor or wine almost every day?							<b>2</b>
Has tooth or mouth problems that make it hard to eat?							<b>2</b>
Does not always have enough money to buy the food that is needed?							<b>4</b>
Eats alone most of the time?							<b>1</b>
Takes 3 or more different prescribed or over-the-counter drugs a day?							<b>1</b>
Without wanting to, has lost or gained 10 pounds in the past 6 months?							<b>2</b>
Is not always physically able to shop, cook, and/or feed self?							<b>2</b>
(If equal to or greater than 6, the client is at high nutritional risk→) <b>Total Score:</b>							
<b>CALIFORNIA ACTIVITIES (ADLS) &amp; INSTRUMENTAL ACTIVITIES (IADLS) OF DAILY LIVING (ADL'S)</b> → PLEASE CHECK (✓) ONE OF THE COLUMNS FOR EACH ACTIVITY ←							
	TYPE OF ASSISTANCE NEEDED TO PERFORM TASK→	1 - INDEPENDENT Needs No Help	2- VERBAL QUE Needs verbal Reminders	3 - STAND BY Needs some human help	4 - HANDS ON Needs lots of human help	5 - DEPENDENT Cannot perform task	Declined to State
A D L S	Eating						
	Dressing						
	Transferring						
	Bathing						
	Toileting						
	Grooming-OPTIONAL						
	Walking						
I A D L S	Light Housework						
	Doing Laundry-OPTIONAL						
	Shopping/Errands						
	Meal Prep/Cleanup						
	Transportation						
	Using Telephone						
	Managing Medications						
	Managing Money						
	Stair Climbing-OPTIONAL						
Heavy Housework							
I certify that all statements on this form are true and correct → _____ <div style="text-align: right; margin-top: 10px;"><b>Applicant's Signature</b></div>							

## Home-Delivered Meals (C2) Intake & Assessment Worksheet – Spanish Language

### Agencia sobre el Envejecimiento del Área del Condado de Ventura Programa de Nutrición para el Adulto Mayor, Entrega de Comidas a Casa - Registración 2015-16

Para participar en programa de ENTREGA DE COMIDAS A CASA: La persona debe tener 60 años de edad o mayor, no puede salir de casa debido a una enfermedad o discapacidad, no puede preparar sus propias comidas, incapaz de conducir y no poder asistir a comedores de alimentación aun cuando se le proporcione transporte. No hay cargo para las comidas, sin embargo, se aceptan donaciones. No se le negarán los servicios en caso que decida no dar un donativo. **LA INFORMACIÓN ES Estrictamente CONFIDENCIAL.**

**POR FAVOR IMPRIMA O ESCRIBA**

<b>FECHA:</b>			
<b>APELLIDO:</b>		<b>NOMBRE:</b> <small>(No apodos)</small>	
<b>ELEGIBILIDAD DEL SOLICITANTE</b>		<b>SÍ</b>	<b>No</b>
¿El solicitante está inhabilitados debido a enfermedad o discapacidad?*			
¿El Solicitante tiene 60 años o más, y/o el cónyuge está tiempo completo al cuidado de un adulto mayor elegible?*			
¿El Solicitante es capaz de preparar comidas?*			
¿El solicitante maneja?*			
¿Puede el solicitante asistir a un comedor de alimentos donde se congregan a comer si se provee transporte?*			
		<b>NOTA:</b>	
		* Si la respuesta es NO, parar aquí; solicitante no es elegible para entrega de comidas a casa.	
		** Si la respuesta es Sí, parar aquí; solicitante no es elegible para entrega de comidas a casa.	
<b>Dirección:</b>			
<b>Ciudad:</b>		<b># Postal:</b>	
		<small>(Requerido)</small>	
<b>Teléfono:</b>		<b>Fecha de nacimiento:</b> <small>(Requerido)</small>	
<b>ESTADO CIVIL:</b> <input type="checkbox"/> Divorciado(a) <input type="checkbox"/> Compañero de hogar <input type="checkbox"/> Casado(a) <input type="checkbox"/> Separado(a) <input type="checkbox"/> Soltero(a) <input type="checkbox"/> Viudo(a) <input type="checkbox"/> Se negó a declarar			
<b>Raza - por favor, elija (✓) uno:</b>			
<input type="checkbox"/> Indio americano o nativo de Alaska <input type="checkbox"/> India asiática <input type="checkbox"/> Negro o afroamericano <input type="checkbox"/> Camboya <input type="checkbox"/> Chino <input type="checkbox"/> Se negó a declarar		<input type="checkbox"/> Filipino <input type="checkbox"/> Guames <input type="checkbox"/> Hawaiano <input type="checkbox"/> Japonés <input type="checkbox"/> Coreano <input type="checkbox"/> Laos <input type="checkbox"/> Múltiples razas <input type="checkbox"/> Otros isleños del Pacífico <input type="checkbox"/> OTRA RAZA – incluye Hispanos /Latino <input type="checkbox"/> Samoa <input type="checkbox"/> Vietnamita <input type="checkbox"/> Blanco	
<b>VETERANO:</b> <input type="checkbox"/> Sí <input type="checkbox"/> No		<b>Número de personas que viven en el hogar:</b>	
<b>ORIGEN ÉTNICO – ELIJA UNO:</b>		<b>CLIENTE VIVE:</b>	
<input type="checkbox"/> No Hispano/Latino <input type="checkbox"/> Hispano/Latino		<input type="checkbox"/> Solo <input type="checkbox"/> Acompañado	
<b>NIVEL de ingresos del solicitante (aproximado):</b>		<b>CONTACTO LOCAL DE EMERGENCIA:</b>	
<b>SI ES CASADO(A):</b> <input type="checkbox"/> En o por debajo del nivel de pobreza Federal <small>(en o por debajo de \$15.930/año)</small> <input type="checkbox"/> Por encima del nivel de pobreza Federal <small>(o por encima de \$15.931 o más /año)</small> <input type="checkbox"/> Se negó a declarar		<b>SI ES SOLTERO(A):</b> <input type="checkbox"/> En o por debajo del nivel de pobreza Federal <small>(en o por debajo de \$11.770/año)</small> <input type="checkbox"/> Por encima del nivel de pobreza Federal <small>(o por encima de \$11.771 o más /año)</small> <input type="checkbox"/> Se negó a declarar	
		<b>NOMBRE:</b> _____ <b>TELÉFONO:</b> _____	
<b>ACERCA DEL SOLICITANTE:</b>		<b>SÍ</b>	<b>NO</b>
¿Tiene restricciones dietéticas? (En caso afirmativo, explicar)			
¿Tiene un refrigerador que funcione apropiadamente?			
¿Tiene espacio en el congelador para almacenar cinco (5) alimentos congelados?			
¿Tiene un horno/microondas que funcione apropiadamente?			
¿Física y mentalmente puede calentar una comida?			
¿Está interesado en las comidas de fin de semana? (Si está disponible)			
<b>Solicitante es:</b>		<b>Solicitante utiliza:</b>	
<input type="checkbox"/> Ciego <input type="checkbox"/> Sordo		<input type="checkbox"/> Walker <input type="checkbox"/> Bastón	
<b>COMENTARIO:</b>			

Agencia sobre el Envejecimiento del Área del Condado de Ventura  
Programa de Nutrición para el Adulto Mayor, Entrega de Comidas a Casa - Registración 2015-16

EVALUACIÓN NUTRICIONAL DEL SOLICITANTE		EN CASO AFIRMATIVO, CIRCULE LA RESPUESTA
Tengo una enfermedad o afección que afecta el tipo o la cantidad de comida que ingiero.		2
Como menos de dos (2) comidas diarias.		3
Como menos de dos (2) porciones diarias de cada uno de los siguientes elementos de alimentos: frutas y verduras, y productos lácteos.		2
Tomo tres (3) o más vasos de vino, cerveza o licor cada día.		2
Tengo problemas dental o de boca que hacen difícil comer.		2
No siempre dispongo de dinero suficiente para comprar los alimentos que necesito.		4
Como solo la mayor parte del tiempo.		1
Tomo tres (3) o más medicamentos recetados o no recetados por día.		1
Sin querer he perdido o ganado 10 libras de peso en los últimos 6 meses.		2
Mi capacidad física no siempre me permite hacer compras, cocinar o alimentarme.		2
(Si igual o superior a 6, el cliente está en alto riesgo nutricional →) Total Puntuación:		

ACTIVIDADES DE CALIFORNIA (ADLS) & INSTRUMENTAL (IADL) actividades de la vida diaria (ADL)							
→ Por favor, elija (✓) una de las columnas para cada actividad ←							
	TIPO DE ASISTENCIA NECESARIA PARA REALIZAR TAREA →	1 - INDEPENDIENTE No necesita ayuda	2- RECORDATORIO VERBAL Necesita recordatorios verbales	3 – A LA ESPERA Necesita alguna ayuda	4 – AYUDA Necesita mucha ayuda	5 – DEPENDIENTE No se puede realizar ninguna tarea	Se negó a declarar
A D L S	Comida						
	Vestimenta						
	Transferencia						
	Ducha						
	Ayuda para ir al baño						
	Arreglo personal- Opcional						
	Caminar						
I A D L	Ligeras tareas domésticas						
	Lavandería- Opcional						
	Compras						
	Preparación de Comida /limpieza						
	Transporte						
	Uso de teléfono						
	Manejo de medicamentos						
	Administración de dinero						
	Subir escalera - Opcional						
Pesadas tareas domésticas							

Certifico que todas las declaraciones en este formulario son verdaderas y correctas. → \_\_\_\_\_

Firma del solicitante

## CONSENT TO REMOVE MEALS

Ventura County Area Agency on Aging in partnership with cities in Ventura County provides hot, nutritious lunches at congregate meal sites to seniors age 60 and over. Meals are available in most cities Monday through Friday. In the event you would like to take a meal home, or any portion of a meal home, you are accepting all responsibility for the food. Please sign below to release any and all liability.

The undersigned \_\_\_\_\_  
Participant's Name

Desires to remove a frozen and/or take home the remainder of his/her lunch. In doing so, he/she accepts full responsibility for this food.

In consideration for agreeing to surrender this food, the participant or his/her authorized agent agrees to release VCAAA, Senior Nutrition Program, the volunteers, directors, officers, agents and employees from any consequences.

The participant acknowledges that he/she has been advised that hot food items held below 140 degrees F for longer than 2 hours must be discarded, and frozen meals should remain frozen at all times and be placed in the refrigerator or freezer immediately.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Member/Guardian/Caregiver Signature

\_\_\_\_\_  
Date

## CONSENTIMIENTO PARA RETIRAR COMIDAS

La Agencia sobre el Envejecimiento del Área del condado de Ventura (VCAAA, por sus siglas en inglés) en sociedad con ciudades del Condado de Ventura brinda almuerzos calientes y nutritivos en comedores comunitarios a personas mayores de 60 años o más. Las comidas están disponibles de lunes a viernes en la mayoría de las ciudades. Usted acepta completamente ser responsable por la comida o la porción de comida que decida llevarse a su casa. Firme a continuación para la exención de toda responsabilidad.

El abajo firmante \_\_\_\_\_  
Nombre del participante

Desea retirar comida congelada o llevar a su hogar el resto de su almuerzo. Al hacerlo, acepta la total responsabilidad por esta comida.

Teniendo en cuenta el acuerdo para la entrega de esta comida, el participante o su agente autorizado acuerda eximir de toda responsabilidad a la VCAAA, el Programa de Nutrición para Personas Mayores, los voluntarios, los directores, los funcionarios, los agentes y los empleados ante cualquier consecuencia.

El participante reconoce que se le advirtió que los alimentos calientes que permanezcan a menos de 140 °F durante más de 2 horas deben ser desechados y que las comidas congeladas deben permanecer congeladas en todo momento y deben colocarse en el refrigerador o en el congelador de inmediato.

\_\_\_\_\_  
Firma del participante

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del familiar, tutor o proveedor de cuidados

\_\_\_\_\_  
Fecha



## Participant Comment Sheet

### PARTICIPANT COMMENT SHEET

SITE: \_\_\_\_\_ DATE \_\_\_\_\_

What was the main dish today? \_\_\_\_\_

Did you enjoy the meal? Yes: \_\_\_\_\_ no \_\_\_\_\_

How would you rate the following?: (Please circle)

Appearance of food:	Good	Satisfactory	Fair
---------------------	------	--------------	------

Taste of food:	Good	Satisfactory	Fair
----------------	------	--------------	------

Temperature of food:	Good	Satisfactory	Fair
----------------------	------	--------------	------

Size of portions:	Good	Satisfactory	Fair
-------------------	------	--------------	------

Overall quality of meal:	Good	Satisfactory	Fair
--------------------------	------	--------------	------

What food (s) would you like to see added to the menu? \_\_\_\_\_

Other comments: \_\_\_\_\_

### PARTICIPANT COMMENT SHEET

SITE: \_\_\_\_\_ DATE \_\_\_\_\_

What was the main dish today? \_\_\_\_\_

Did you enjoy the meal? Yes: \_\_\_\_\_ no \_\_\_\_\_

How would you rate the following?: (Please circle)

Appearance of food:	Good	Satisfactory	Fair
---------------------	------	--------------	------

Taste of food:	Good	Satisfactory	Fair
----------------	------	--------------	------

Temperature of food:	Good	Satisfactory	Fair
----------------------	------	--------------	------

Size of portions:	Good	Satisfactory	Fair
-------------------	------	--------------	------

Overall quality of meal:	Good	Satisfactory	Fair
--------------------------	------	--------------	------

What food (s) would you like to see added to the menu? \_\_\_\_\_

Other comments: \_\_\_\_\_



**HOJA DE COMENTARIOS DE LOS PARTICIPANTES**

**LUGAR:** \_\_\_\_\_ **FECHA:** \_\_\_\_\_

¿Cuál fue el plato principal de hoy? \_\_\_\_\_

¿Le gustó la comida? Sí: \_\_\_\_\_ No: \_\_\_\_\_

¿Cómo calificaría lo siguiente?: (Por favor encierre en un círculo su elección)

Apariencia de los alimentos: Buena Satisfactoria Aceptable

Sabor de los alimentos: Bueno Satisfactorio Aceptable

Temperatura de los alimentos: Buena Satisfactoria Aceptable

Tamaño de las porciones: Bueno Satisfactorio Aceptable

Calidad general de la comida: Buena Satisfactoria Aceptable

¿Qué alimentos le gustaría que se agregaran al menú? \_\_\_\_\_

Otros comentarios: \_\_\_\_\_

**HOJA DE COMENTARIOS DE LOS PARTICIPANTES**

**LUGAR:** \_\_\_\_\_ **FECHA:** \_\_\_\_\_

¿Cuál fue el plato principal de hoy? \_\_\_\_\_

¿Le gustó la comida? Sí: \_\_\_\_\_ No: \_\_\_\_\_

¿Cómo calificaría lo siguiente?: (Por favor encierre en un círculo su elección)

Apariencia de los alimentos: Buena Satisfactoria Aceptable

Sabor de los alimentos: Bueno Satisfactorio Aceptable

Temperatura de los alimentos: Buena Satisfactoria Aceptable

Tamaño de las porciones: Bueno Satisfactorio Aceptable

Calidad general de la comida: Buena Satisfactoria Aceptable

¿Qué alimentos le gustaría que se agregaran al menú? \_\_\_\_\_

Otros comentarios: \_\_\_\_\_

# Sample Material Data Safety Sheet

Prepared by: Regulatory Affairs Dept. **MATERIAL SAFETY DATA SHEET** (Prepared According to 29 CFR 1910.1200) N/A-Not Applicable Effective Date: 1/09 Revision: n/a

## SECTION 1-PRODUCT IDENTIFICATION AND SUPPLIER INFORMATION

**Product Name:** Propel  
**Generic Name:** All Purpose Cleaner  
**Chemical Family:** Detergent Blend  
**Formula:** Proprietary  
**Triple S Product Number:** 48089, 48131

**Manufactured For:** Triple S  
**Address:** 2 Executive Park Drive Billerica, MA 01862  
**Phone #:** 800-323-2251

## SECTION 2-INGREDIENT INFORMATION

CHEMICAL NAME	CAS NO.	WT. %	PEL	TWA-TLV	STEL-TLV
Water	7732-18-5	to 100			
Tetrasodium EDTA	64-02-8	5 to 10			
Nonionic Surfactant	9016-45-9	0 to 5			
Isopropyl Alcohol	67-63-0	0 to 5	400 ppm	400 ppm	500 ppm
Perfume Oil	N/A	0 to 5			
Dye	N/A	0 to 5			

## SECTION 3-PHYSICAL DATA

**Boiling Point (°F):** 210 F.  
**Vapor Pressure:** 20mm Hg @ 68 F.  
**% Volatile:** 85+  
**Solubility in Water:** Complete  
**Physical Description:** Thin blue liquid with pleasant odor.

**Specific Gravity:** 1.06  
**Vapor Density (Air=1):** >1  
**pH:** 10.5-11.0  
**Evaporation Rate (Water=1):** <1

## SECTION 4-FIRE AND EXPLOSION HAZARD DATA

**Flash Point (Method Used):** N/A  
**Upper Explosion Limit:** N/A  
**Lower Explosion Limit:** N/A  
**Extinguishing Media:** N/A  
**Special Firefighting Procedures:** Non Flammable  
**Unusual Fire and Explosion Hazards:** N/A

## SECTION 5-REACTIVITY DATA

**Stability:** Stable  
**Hazards Decomposition Products:** Will not occur.

**Hazardous Polymerization:** None  
**Incompatibility (Materials to Avoid):** Strong acids and oxidizers.

## SECTION 6-STORAGE AND HANDLING INFORMATION

Keep out of reach of children. For use by trained personnel only. Keep container closed during storage. For institutional and industrial use only. Avoid contact with eyes, skin and clothing. Avoid breathing of mists. Use in well-ventilated area.

## SECTION 7-HEALTH HAZARDS AND FIRST AID

### Effects of Overexposure:

**Skin:** Prolonged or repeated contact may cause dermatitis.  
**Eyes:** Eye irritant. May cause redness or swelling.  
**Inhalation:** Breathing of mists may cause irritation to nose, throat, and lungs.  
**Ingestion:** May be irritating to the mouth, throat, and gastrointestinal system. Vomiting and diarrhea expected with large doses.

### First Aid Procedures:

**Skin:** Flush with water. Seek medical attention if irritation persists.  
**Eyes:** Flush with large quantities of water, holding eyelids open. Seek medical attention.  
**Inhalation:** Remove to fresh air. Seek medical attention if symptoms persist.  
**Ingestion:** Dilute with 2 glasses of water. Seek medical attention immediately.

## SECTION 8-SPECIAL PROTECTION INFORMATION

**Respiratory Protection:** No special requirements.  
**Ventilation Requirements:** Provide local exhaust to keep TLV of Section 2 ingredients below acceptable limit.  
**Protective Gloves:** Chemical resistant rubber or neoprene.  
**Eye Protection:** Chemical splash goggles or full face shield when handling.  
**Other Protective Equipment:** Eyewash station should be provided nearby.

## SECTION 9-SPILL OR LEAK PROCEDURES

**Steps to be taken in Case Material is Released or Spilled:** Floors will become slippery. Avoid walking in product. Keep unessential personnel away. Mop up or otherwise absorb and hold disposal. Avoid discharge to sewer or open waterways.  
**Waste Disposal Method:** Any method in accordance with local, state and federal laws. Best method is to recycle or reuse for intended purpose. Consult local authorities for disposal in public sewer. Do not dispose of into storm drain, stream, river or to ground. Rinse container thoroughly before discarding in trash.

## SECTION 10-REGULATORY INFORMATION

### SARA Title III - Section 311/312 -Hazard Categories:

No - Fire Hazard  
No - Sudden Release of Pressure Hazard  
No - Reactivity Hazard  
Yes - Immediate (acute) Health Hazard  
No - Delayed (chronic) Health Hazard

### Shipping Information:

FOR CONTAINERS > 1 Gallon : Cleaning Compound  
FOR 1 GALLON CONTAINERS : Cleaning Compound  
FOR CONTAINERS < 1 GALLON : Cleaning Compound

### HMIS Hazardous Materials Identification System

Health	2
Flammability	0
Reactivity	0
Personal Protection	B

## FOR EMERGENCY MEDICAL OR TRANSPORT INFORMATION: ER# 1-888-779-1339

This product contains the following toxic chemical(s) subject to the reporting requirements of section 313 of the Emergency Planning and Community Right-To-Know Act of 1986 and of 40 CFR 372.

CAS#	Chemical Name	Percent by Weight
	None	

This product contains the following chemical(s) which have been established to be either a carcinogen or suspected carcinogen.

CAS#	Chemical Name	Percent by Weight
	None	

## SECTION 11-OTHER INFORMATION

This company cannot anticipate all conditions of handling and use of this product. Therefore, this company accepts no responsibility for results obtained by the application of this information, or the safety and suitability of our products either alone or in combination with other products. It is the responsibility of the user to provide a safe workplace, using the health and safety information contained herein as a guide. This company will accept no liability for damages or loss incurred from the improper handling and use of this product

## Safe Food Storage Times and Temperatures

Office of Environmental Health

### Safe Food Storage Times and Temperatures

Screen Readable Version

CANNED AND DRIED STORAGE GUIDELINES		
Canned and Dried Foods	Storage Time at 70°F (21°C)	HANDLING HINTS
Canned foods (unopened)	12 months*	Keep cool.
Canned fruit juices	9 months*	Keep cool.
Canned foods (opened) baby foods	2-3 days	All opened canned foods: Refrigerate and cover tightly. To avoid metallic taste, transfer food in cans to glass or plastic storage containers, if kept more than one day.
fish and seafood	2 days	
fruit	1 week	
meats	2 days	
pickles and olives	1-2 months	
poultry	2 days	
sauce, tomato	5 days	
vegetables	3 days	
Fruits, dried	6 months to 1 year	Keep cool in airtight container; if possible, refrigerate.
Vegetables, dried	6 months to 1 year	Keep cool in airtight container; if possible, refrigerate.
Catsup, chili sauceunopened	12 months*	Refrigerate for longer storage.
opened	1 month	
Mustard, prepared yellowunopened	2 years*	May be refrigerated. Stir before using.
opened	6-8 months	
Spices and herbs whole spices	1-2 years	Store in airtight containers in dry places away from sunlight and heat. At times, check aroma; if faded replace. Whole cloves, nutmeg and cinnamon sticks maintain quality beyond 2-year period.
ground spices	6 months	
herbs	6 months	
herb/spice blends	6 months	
Vanilla unopened	2 years*	Keep tightly closed. Volatile oils escape.
opened	12 months	
Other extracts opened	12 months	Keep tightly closed. Volatile oils escape.

\* Total time 'unopened' product can be stored at home. If recommendation is for 'opened' product, subtract this time from the total or storage 'unopened' time.

## Food Safety – Tips to Follow After an Emergency

- Keep the refrigerator and freezer doors closed as much as possible to maintain the cold temperature.
- The refrigerator will keep food safely cold for about 4 hours if it is unopened. A full freezer will hold the temperature for approximately 48 hours (24 hours if it is half full) and the door remains closed.
- Discard refrigerated perishable food such as meat, poultry, fish, soft cheeses, milk, eggs, leftovers and deli items after 4 hours without power.
- Food may be safely refrozen if it still contains ice crystals or is at 40°F or below when checked with a food thermometer.
- Never taste a food to determine its safety
- Obtain dry or block ice to keep your refrigerator and freezer as cold as possible if the power is going to be out for a prolonged period of time. Fifty pounds of dry ice should hold and 18 cubic foot full freezer for 2 days.
- If the power has been out for several days, check the temperature of the freezer with an appliance thermometer. If the appliance thermometer reads 40°F or below, the food is safe to refreeze.
- If a thermometer has not been kept in the freezer, check each package of food to determine its safety. If the food still contains ice crystals, the food is safe.
- Drink only bottled water if flooding has occurred.
- Discard any food that is not in a waterproof container if there is any chance that it has come into contact with flood water. Discard wooden cutting boards, plastic utensils, baby bottle nipples and pacifiers.
- Undamaged, commercially prepared foods in all-metal cans and retort pouches (for example, flexible, shelf-stable juice or seafood pouches) can be saved. Follow the Steps to Salvage All-Metal Cans and Retort Pouches  
<http://www.nfsmi.org/documentlibraryfiles/PDF/20110128013510.pdf>
- Keeping Food Safe During An Emergency:  
[http://www.fsis.usda.gov/wps/wcm/connect/fsis-content/internet/main/topics/food-safety-education/get-answers/food-safety-fact-sheets/emergency-preparedness/keeping-food-safe-during-an-emergency/ct\\_index](http://www.fsis.usda.gov/wps/wcm/connect/fsis-content/internet/main/topics/food-safety-education/get-answers/food-safety-fact-sheets/emergency-preparedness/keeping-food-safe-during-an-emergency/ct_index)
- Thoroughly wash all metal pans, ceramic dishes and utensils that came in contact with flood water with hot soapy water and sanitize by boiling them in clean water or by immersing them for 15 minutes in a solution of 1 tablespoon of unscented, liquid chlorine bleach per gallon of drinking water.
- When in Doubt, Throw it Out!