SAN MATEO COUNTY AGING AND ADULT SERVICES
Management Information System (MIS) for HDM / SHDM
(Rev 06-2018)

MONTHLY HOME-DELIVERED MEALS (HDM) REPORT - FY 2018-2019
TITLE III C-2 HDM / COUNTY SPONSORED Supplemental HDM (SHDM)

1. **TYPE OF REPORT (CHECK ONE)** _____ ADDITION _____CORRECTION	2. **MONTH** **YEAR** _____ _____
3. **AGENCY NAME**	4. **SITE NAME**

Numbers 5 and 6 have been eliminated.

7.   **TOTAL MEALS ORDERED OR PREPARED**   _____

8.   **TOTAL MEALS PROVIDED**   _____

9.   **TOTAL MEALS PROVIDED TO SENIORS**   _____

10.   **TOTAL MEALS PROVIDED TO SPOUSES (If in the best interest of participant)**   _____

Total Reimbursable Meals   _____

11.   **NUMBER OF DAYS MEALS WERE PROVIDED THIS MONTH**   _____

12.   **WAITING LIST?   NO _____   YES _____ (IF YES, # ON LIST _____)**

13.   **NUMBER OF NUTRITION COUNSELING CONTACTS**   _____

14.   **NUMBER OF NUTRITION EDUCATION SESSIONS**   _____

15.   **NUMBER OF NUTRITION EDUCATION SESSION ATTENDEES**   _____

16.   **DOLLAR AMOUNT OF SENIOR CONTRIBUTIONS**   _____

SUPPLEMENTAL HDM – SEPARATE INVOICE

17.   **NON-SENIOR (UNDER AGE 60) ADULTS WITH DISABILITIES**   _____

     MEALS PROVIDED

18.   **DOLLAR AMOUNT OF FEES RECEIVED FROM NON-SENIORS**   _____

I CERTIFY THIS REPORT IS CORRECT AND COMPLETED TO THE BEST OF MY KNOWLEDGE **SIGNATURE**	**DATE**

GENERAL INSTRUCTIONS FOR COMPLETING
MONTHLY HOME-DELIVERED MEALS REPORT (MIS for HDM / SHDM)

1.   <u>TYPE OF REPORT</u> – Check ADDITION to report new data. Check CORRECTION to correct or update information previously reported during the existing contract period.

2. <u>MONTH AND YEAR REPORTED SERVICES WERE PROVIDED</u> – using two digit numbers, enter the month and year in which the service was provided.

3. <u>AGENCY NAME</u> – Enter the name of your agency.

4. <u>SITE NAME</u> – Enter the site name if different from your agency name or if you provide services in more than one location.

5. <u>Deleted</u>

6. <u>Deleted</u>

7. <u>TOTAL MEALS ORDERED OR PREPARED</u> – Enter the total number of meals ordered from a caterer and/ or prepared by your home-delivered meals program.

8. <u>TOTAL MEALS PROVIDED</u> – Enter the total number of meals that were provided to individuals by your home-delivered meals program. Note that the totals of line 9 and 16 equal Line 8.

9. <u>TOTAL MEALS PROVIDED TO SENIORS</u> – Enter the number of meals from line 8 that were provided to Seniors (60 years or older).

10. <u>TOTAL MEALS PROVIDED TO SPOUSES</u> (If in the best interest of participant) – Enter the number of meals from Line 8 that were provided to a spouse of the qualifying participant, regardless of age, if providing a meal is in the best interest of the qualifying participant.

11. <u>NUMBER OF DAYS MEALS WERE PROVIDED THIS MONTH</u> – Enter the number of days for which your home-delivered meals program provided meal service this month.

12. <u>WAITING LIST</u> – Indicated if there is a waiting list. If "yes" enter the number of seniors and eligible adults with disabilities who are on the list.

13. <u>NUMBER OF NUTRITION COUNSELING CONTACTS</u> – Enter the number of one-to-one counseling contacts made by the registered dietician to home-delivered meal participants.

14. <u>NUMBER OF NUTRITION EDUCATION SESSIONS</u> – Enter the number of "sessions" to participants this month.   **One session is required per quarter.**

15. <u>NUMBER OF NUTRITION EDUCATION SESSION ATTENDEES</u> - Enter the number of participants receiving nutrition education this month.

16. <u>DOLLAR AMOUNT OF SENIOR CONTRIBUTIONS</u> – Enter the dollar amount of contributions received from seniors and their spouses. Enter only EVEN dollar amounts, rounded to the next higher number. **DO NOT include monies received from non-senior disabled persons**.

17. <u>NON-SENIOR (UNDER AGE 60) ADULTS WITH DISAILITIES MEALS PROVIDED</u> – Enter the number of meals served to non-senior adults with disabilities.

18. <u>DOLLAR AMOUNT OF FEES RECEIVED FROM NON-SENIORS</u> – Enter the dollar amount of FEES received from non-seniors.