

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

MONTHLY HOME-DELIVERED MEALS (HDM) REPORT - FY 2020-21
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)	_____
<i>Total Reimbursable Meals</i>	_____
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	_____

<u>SUPPLEMENTAL HDM – SEPARATE INVOICE</u>	
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
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**GENERAL INSTRUCTIONS FOR COMPLETING
MONTHLY HOME-DELIVERED MEALS REPORT (MIS for HDM / SHDM)**

1. TYPE OF REPORT – Check ADDITION to report new data. Check CORRECTION to correct or update information previously reported during the existing contract period.
2. MONTH AND YEAR REPORTED SERVICES WERE PROVIDED – using two digit numbers, enter the month and year in which the service was provided.
3. AGENCY NAME – Enter the name of your agency.
4. SITE NAME – Enter the site name if different from your agency name or if you provide services in more than one location.
5. Deleted
6. Deleted
7. TOTAL MEALS ORDERED OR PREPARED – Enter the total number of meals ordered from a caterer and/ or prepared by your home-delivered meals program.
8. TOTAL MEALS PROVIDED – 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. TOTAL MEALS PROVIDED TO SENIORS – Enter the number of meals from line 8 that were provided to Seniors (60 years or older).
10. TOTAL MEALS PROVIDED TO SPOUSES (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. NUMBER OF DAYS MEALS WERE PROVIDED THIS MONTH – Enter the number of days for which your home-delivered meals program provided meal service this month.
12. WAITING LIST – 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. NUMBER OF NUTRITION COUNSELING CONTACTS – Enter the number of one-to-one counseling contacts made by the registered dietician to home-delivered meal participants.
14. NUMBER OF NUTRITION EDUCATION SESSIONS – Enter the number of “sessions” to participants this month. **One session is required per quarter.**
15. NUMBER OF NUTRITION EDUCATION SESSION ATTENDEES - Enter the number of participants receiving nutrition education this month.
16. DOLLAR AMOUNT OF SENIOR CONTRIBUTIONS – 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. NON-SENIOR (UNDER AGE 60) ADULTS WITH DISAILITIES MEALS PROVIDED – Enter the number of meals served to non-senior adults with disabilities.
18. DOLLAR AMOUNT OF FEES RECEIVED FROM NON-SENIORS – Enter the dollar amount of FEES received from non-seniors.