



**COUNTY of VENTURA**  
Area Agency on Aging

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# Senior Nutrition Program Handbook

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**Ventura County Human Services Agency,  
Area Agency on Aging**

Policies and Procedures – Title III C

*Fiscal Year 2023-2024*



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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) Dietary Reference Intake (DRI) and Dietary Guidelines for Americans (DGA) 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 any older individual who is frail, as defined in Section 7119<sup>2</sup>, homebound by reason of illness or disability, or otherwise isolated. (These individuals shall be given priority in the delivery of services.) 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 as well as the State of California General Fund. All participants are given the opportunity to contribute toward the cost of their meal. Donations are confidential, and no one may be 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. Reduce hunger and food insecurity by serving 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.
8. Promote socialization of older individuals; and
9. Promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

### VCAAA Policy Statement

The VCHSA-AAA 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 VCHSA-AAA.”*

## Organization Structure

The Senior Nutrition Program is intended to provide nutrition meal services as described in the Older Americans Act (OAA) of 1965, as amended, and to assist older individuals in California to live independently, by promoting better health through improved nutrition, and reduced isolation through programs coordinated with nutrition-related supportive services, fostering aging in place and promoting choice and quality of life.

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

## 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.

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

### *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, which includes reporting volunteer meals on monthly meal count reports.

### *C. Home-Delivered Meals*

Individuals eligible to receive a home-delivered meal are individuals who are:

1. Any older individual who is frail, as defined in Section 7119<sup>2</sup>, homebound by reason of illness or disability, or otherwise isolated. (These individuals shall be given priority in the delivery of services.)  
[45 CFR 1321.69(a)].
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.

### *D. To-Go Meals*

Means meals that are picked up by clients (or client's agent) or delivered to clients who are not comfortable dining in a congregate meal setting.

1. C-1: To-Go meals are categorized as C-1 meals if they are consumed onsite and include in-person interaction (e.g., dining at congregate site such as restaurant, food truck, etc. or one-on-one with program volunteer) or consumed offsite and include virtual interaction (e.g., group interaction via Zoom, FaceTime, etc. or one-on-one with program volunteer via telephone) during the meal.
2. C-2: To-Go meals are categorized as C-2 meals if they are consumed offsite without in-person or virtual interaction.

### *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.

### *Waitlist for Home-Delivered Meals*

A waitlist will be established whenever a grantee is unable to provide home-delivered meals to all eligible participants. Waitlists must be pre-approved by the VCHSA-AAA. Waitlist for home-delivered meals requirements include the following:

1. The decision whether or not to place clients on a waitlist 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 VCHSA-AAA.
2. Grantees will use the annually updated Home-Delivered Meals Assessment/Evaluation for all initial and ongoing C2 client quarterly assessments.
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 VCHSA-AAA 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:

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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.

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 Retail Food Code (CRFC).
3. Give preference to individuals in greatest economic or social need.
4. Have a designated site manager.
5. Operate all C1 sites at least five days per week, unless otherwise approved by the Ventura County Human Services Agency, 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 waitlist 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 VCHSA-AAA Client Satisfaction Survey annually in order to obtain the views of participants.
13. Monitor improvement in client satisfaction.
14. Provide a welcoming and comfortable environment that encourages all participants to eat a leisurely meal at the meal site.
15. Be located within walking distance, when possible, of concentrations of older persons.
16. Provide for celebration of special occasions by participants.
17. Provide useable fire extinguishers and instructions governing their use.
18. Have staff trained in emergency procedures.
19. Meet the requirements of the Americans with Disabilities Act.
20. All grantees must ensure that programs and services are available to all older adults regardless of sexual orientation and gender identity.

### *Congregate Meals*

Each Senior Nutrition Program provider 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.

**Service Animals** – The ADA requires State and local government agencies, businesses, and nonprofit organizations (covered entities) that provide goods or services to the public to make “reasonable modifications” in their policies, practices, or procedures when necessary to accommodate people with disabilities. The service animal rules fall under this general principle. Accordingly, entities that have a “no pets” policy generally must modify the policy to allow service animals into their facilities.

In situations where it is not obvious that the dog is a service animal, staff may ask only two specific questions: (1) Is the dog a service animal required because of a disability? and (2) What work or task has the dog been trained to perform? Staff are not allowed to request any

documentation for the dog, require that the dog demonstrate its task, or inquire about the nature of the person's disability.

The ADA does not require service animals to wear a vest, ID tag, or specific harness.

Service animals must be allowed to accompany their handlers to and through self-service food lines. Similarly, service animals may not be prohibited from communal food preparation areas, such as are commonly found in shelters or dormitories.

### *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. [Safety Data Sheets \(SDS\)](#)
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 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 program memos at the time of hire. Exceptions must be approved by VCHSA-AAA Dietitian.

## 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 Food Service Managers, at least one additional kitchen staff, and home-delivered meals coordinators who oversees meal preparation, must be ServSafe certified by the National Restaurant Association. In addition, all kitchen staff, permanent kitchen/dining volunteers, and HDM drivers must have a Food Handler Card. Each congregate meal site must also display a ServSafe certification. All service providers requiring ServSafe training must follow these guidelines:
  - (a) All meal sites should arrange for this training directly through ServSafe.
  - (b) Submit the invoice to the VCHSA-AAA Grants Administrator and copy the VCAAA Senior Nutrition Program Registered Dietitian: ([Senior.Nutrition@ventura.org](mailto:Senior.Nutrition@ventura.org)).
  - (c) Please do not include this request for reimbursement on the monthly Request for Funds (RFF). This will not be charged to the program's grant funding; rather, VCHSA-AAA will cover this expense.
  - (d) When submitting the invoice, please be sure to include a copy of the payment receipt showing the 1) names of the participants and 2) date of the class.

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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.

2. All Senior Nutrition Program staff who handle food in any capacity must have a current Food Handler Certificate prior to participating in Senior Nutrition services. Volunteers are encouraged to obtain a Food Handlers Certificate, but not required.
3. All staff (paid and volunteer) will be oriented and trained to perform their assigned responsibilities and tasks.
4. 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. The training plan will identify date of training and will specify who will conduct the training.
5. Content of all in-service training will be reviewed and approved by the Registered Dietitian prior to presentation.
6. Quarterly in-Service Training will be provided for all paid and volunteer food service personnel.
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 training will be documented and records maintained on file for assessment and/or audit purposes by the VCHSA-AAA. Records may be discarded after agency has received an undisputed site monitoring report.
12. All Home-Delivered Meals (C2) agencies are encouraged to have their volunteers become a "Verified Volunteer Driver": [www.mealsonwheelsamerica.org/take-action/volunteer](http://www.mealsonwheelsamerica.org/take-action/volunteer)

## Volunteer Services

Refer to Title 22 Code of Regulations §7636.5.

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 VCHSA-AAA. The manual will be available to all volunteers and to the VCHSA-AAA 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 VCHSA-AAA 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 VCHSA-AAA 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 VCHSA-AAA.

Each grantee will maintain accurate training records that indicate the type and duration of training. Training records will be submitted to the VCHSA-AAA 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 VCHSA-AAA 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 VCHSA-AAA 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 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 VCHSA-AAA.
11. Providers will request prior approval from the VCHSA-AAA before increasing suggested donation amounts and/or Private Pay 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 Private Pay fee for non-senior 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. VCHSA-AAA 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 Care Management System (“Q”).
  - b. Submitted to the VCHSA-AAA using the MPR (Monthly Program Report)
  - c. Due to the VCHSA-AAA Grants Administrator 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 VCHSA-AAA
  - 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 VCHSA-AAA 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 Human Services Agency, 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.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html](http://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html).

All Senior Nutrition providers must use the DETERMINE Checklist to evaluate the nutrition risk of all Title IIIC Congregate and Home-delivered Meal Program participants. SNPs shall evaluate the nutrition risk of all Title IIIC Congregate and Home-delivered Meal Program participants during the initial intake/registration and annually thereafter. An individual who scores six or higher on the DETERMINE Checklist is considered to be at high nutrition risk.

All Intake Forms must include the DETERMINE Checklist questions as written and in the sequence presented. Any rewording or reordering of the questions will invalidate the results of the screening tool.

### Congregate Meal Participants

1. Client information will be obtained within the first month of participation.
  - a. Providers will complete a registration form and the DETERMINE Checklist 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, including the DETERMINE Checklist
  - 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 VCHSA-AAA in appropriate languages.

## PART 9 – FOOD SERVICE REQUIREMENTS

All nutrition service providers will comply with *Title 22 Code of Regulations, Division 1.8*, 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 VCHSA-AAA 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.

### 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.

### *To-Go Meals*

Means meals that are picked up by clients (or client's agent) or delivered to clients who are not comfortable dining in a congregate meal setting.

1. C-1: To-Go meals are categorized as C-1 meals if they are consumed onsite and include in-person interaction (e.g., dining at congregate site such as restaurant, food truck, etc. or one-on-one with program volunteer) or consumed offsite and include virtual interaction (e.g., group interaction via Zoom, FaceTime, etc. or one-on-one with program volunteer via telephone) during the meal.
2. C-2: To-Go meals are categorized as C-2 meals if they are consumed offsite without in-person or virtual interaction.

## **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.

### *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 VCHSA-AAA and Registered Dietitian within 24 hours, for consultation and investigation including: a) Sites involved; b) Date of reported occurrence; c) Estimated number of persons involved; and 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 VCHSA-AAA Registered Dietitian and provided to each Senior Nutrition Program at least one week in advance of the service month. Meals will be prepared by program

staff in licensed kitchens following packaging instructions 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 RD will ensure that each meal meets a minimum one-third of the Dietary Reference Intakes (DRI) and complies with the current USDA's Dietary Guidelines for Americans (DGA) and meet the following nutritional criteria:

1. Each meal will:
  - a. Provide a weekly average caloric range of >550-750 calories 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 one-half (½) cup serving of different cooked vegetables and/or one (1) cup of raw leafy vegetables.
  - d. Contain ½-cup serving of fruit.
  - e. Contain at least one serving of whole grain.
  - f. Contain 8 ounces of fortified fat-free milk, low-fat milk, or buttermilk, or the calcium equivalent to one-third of the Dietary Reference Intake (DRI).
  - g. Target 500-750 milligrams of Sodium.
  - h. Provide food(s) containing a minimum of 25 milligrams of Vitamin C.
2. Food(s) containing a minimum of 233 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 1217.

### Use of Locally Grown Produce

The OAA and the Ventura County Environmental Health Department allow the use of locally grown produce. If it is too expensive, working directly with local farmers to incorporate seasonable produce at a reasonable price or on a donation basis may be a possibility.

SNP service providers may use whole uncut fruits or vegetables sold or donated by a community food producer or gleaner<sup>4</sup> if the community food producer or gleaner meets all of the following requirements:

- (1) Any whole uncut fruit or vegetable sold or donated to the meal site shall be grown or produced in compliance with all applicable federal, state, or local laws, regulations, and food safety guidelines issued by a regulatory agency.
- (2) Agricultural products that are packaged shall have the package labeled with the name and address of the community food producer.
- (3) Conspicuous signage shall be provided in lieu of a product label if the agricultural product is being sold by the community food producer on the site of production. The signage shall include, but not be limited to, the name and address of the community food producer.
- (4) Best management practices, as described by the Department of Food and Agriculture, regarding small farm food safety guidelines on, but not limited to, safe production, processing, and handling of both non-potentially hazardous and potentially hazardous foods.

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<sup>4</sup> Gleaner means a person who legally gathers remnants of an agricultural crop or harvests part of, or all of, an agricultural crop made available by the owner of the agricultural crop.

SNP service providers that receives whole uncut fruits or vegetables donated by a community food producer or gleaner shall retain records related to the donation of the food for 30 days, which shall include the following:

1. The type of food received,
2. The date of receipt, and
3. The name and contact information of the community food producer or gleaner that donated the food

Meal sites that accept whole uncut fruits or vegetables from a community food producer or gleaner must have an approved food preparation sink used exclusively for food preparation to wash the produce.

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

The Ventura County Human Services Agency, 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

### **Reporting Forms**

The following reports will be sent monthly to the VCHSA-AAA:

1. Monthly Program Report
  - a. 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.
  - b. The monthly meal count includes meals for qualified participants, their spouse, volunteers, staff, paid meals, and “wasted meals.”
  - c. Meal counts are due by the 10<sup>th</sup> of each month following the month of service.
  - d. Meal counts on Monthly Program Reports should be verified and matched to Q CareAccess prior to submission.
2. Requests for Funds

Requests for Funds (RFF) must be sent to the VCHSA-AAA Grants Administrator and Fiscal by the 20<sup>th</sup> of each month, per established procedures.
3. Temperature Logs

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

All Senior Nutrition Program documents and records will be made available for audit, assessment and/or inspection by an authorized representative from VCHSA-AAA 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 until the fiscal year has been audited by the CDA. Once the CDA has finalized the audit, the records for those year can be destroyed.

### Environmental Health Inspection Reports

A copy of the Ventura County Environmental Health Division Inspection report must be sent to the VCHSA-AAA Registered Dietitian within three (3) days of receipt.

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

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

1. Spouse of a senior
2. Disabled with a senior
3. Volunteer
4. Private Pay

### Participant Meal Registration Forms

Current and complete Congregate Meal Registration and Home-Delivered Meal Registration forms for 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.

### 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 VCHSA-AAA Fiscal monthly for payment. If damaged food is received, VCHSA-AAA 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 of Aging.

### 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.

## PART 13 – TEMPERATURE DOCUMENTATION

All programs will maintain a Temperature Log as documentation for inspection by the VCHSA-AAA and send forms monthly to the VCHSA-AAA.

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 VCHSA-AAA 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 VCHSA-AAA standards
7. Daily start of tray-line temperatures per VCHSA-AAA 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, VCHSA-AAA 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.

VCHSA-AAA will hold on-site inspections of all provider kitchens. See Appendix for [Kitchen Assessment – To Be Completed by VCHSA-AAA 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 VCHSA-AAA 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 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*** ([see Mandated Reporter Form](#)).

## **PART 18 – LEFTOVERS**

If programs have established 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**

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 VCHSA-AAA.

**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

### Planned Temporary Closure

In cases of planned, temporary site closures, such as during holidays, meal providers must:

1. Notify all participants at least two weeks in advance; and
2. Have a plan in place to ensure all home-delivered meal participants receive meals during the period of closure.

### Permanent Closure or Relocation

Conditions that may indicate the necessity for closing or relocating a nutrition site include:

3. Documented evidence of the misuse or theft of public funds by contractor or contractor's employee.
4. When there is a threat to the health and safety of the participants, such as an unsafe, unsanitary building.
5. Costs for operating the site far exceed average costs for similar sites.
6. Contractor has failed to comply with the terms of the contract.
7. 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 VCHSA-AAA 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 VCHSA-AAA. The VCHSA-AAA 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 VCHSA-AAA 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)

These funds may only be used only for the purchase of food.

(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 VCHSA-AAA Grants Manager.
2. The VCHSA-AAA 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 VCHSA-AAA who handles complaints regarding national origin.
5. Alyssa Corse (805-477-7311) is the designated staff person at the Area Agency on Aging to handle national origin discrimination complaints.

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 VCHSA-AAA immediately.

## PART 23 – COORDINATED SYSTEM OF CARE

In reaching our mission to promote the development and implementation of a comprehensive coordinated system of care that enables older individuals and their caregivers to live in a community-based setting, VCHSA-AAA encourages service provider partnerships and referrals in the delivery of services. For example, meal delivery drivers not only deliver nutritious meals and

bring feelings of safety to isolated seniors, they can also provide insightful referrals for additional services, such as grab bars, Fall Prevention classes, and nutritional education counseling.

The need to provide additional services increases for clients living with dementia without family or friends, because these individuals may be at increased risk of not eating properly or becoming dehydrated without someone noticing. Knowing that a poor diet or dehydration can worsen confusion and memory issues, the VCHSA-AAA home-delivered meals program has an established process set up to assist service providers in identifying these individuals most at risk.

### Identifying People Living Alone with Dementia Who Have No Known Support

Because of the progressive nature of dementia, the earlier we try to help people living with dementia who do not have an established support system, the less complicated it will be to provide assistance. Individuals living alone are less likely to recognize their own limitations, leaving them unlikely to seek the help they need. Early identification of people at risk and intervention is the best answer, but this requires assessments on an ongoing basis. The following outlines the steps each home-delivered meal program should take to assist in identifying people living alone with dementia who have no known support:

**Step 1.** Delivery Driver Client Assessments. To assist in identifying people living alone with dementia who have no known support, the following “yes/no” questions are included on the [Home-Delivered Meals Intake and Assessment Worksheet](#) for Home-Delivered Meals drivers to use during their quarterly client reassessments:

1. Have trouble using the microwave or oven?
2. Repeat some things over and over?
3. Have trouble recalling appointments?
4. Have conversations that don't make sense?
5. Appear confused at times?

**Step 2.** Service Provider Database Entry. After each assessment, the service provider will enter the answers to these questions under the client's profile in the Q database system.

**Step 3.** VCHSA-AAA Information Collection, Client Identification, and Intervention. VCHSA-AAA will use this information to identify clients who no longer have the skills to initiate activities, advocate for their needs, or coordinate with various providers. Staff will then help individuals identified as living with dementia connect with a formal support system of care.

**Step 4.** Connecting Clients to Services and Service Provider Feedback. VCHSA-AAA staff will keep all information confidential and use it to help identify other services for which the client may benefit, providing feedback to the service provider.

**Step 5.** Repeat Step 1 on an ongoing basis.

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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 who is frail and homebound by reason of illness, disability, or isolation (These individuals shall be given priority)</li> <li>• Spouse of a person that qualifies for a home-delivered meal also qualifies, regardless of age</li> <li>• An individual with a disability under 60 may qualify if residing with someone 60 years or older who is eligible for home-delivered meals</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> <li>• 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</li> <li>• A disabled individual who resides at home with and accompanies an older individual who participates in the program</li> </ul>
<b>To-Go Meals</b>	Congregate Meal Site & Home	<ul style="list-style-type: none"> <li>• Congregate To-Go Meals that are categorized as C-1 meals if they are consumed onsite and include in-person interaction (e.g., dining at congregate site as restaurant, food truck, etc. or one-on-one with program volunteer) or consumed offsite and include virtual interaction (e.g., group interaction via Zoom, FaceTime, etc. or one-on-one with program volunteer via telephone) during the meal.</li> <li>• Home Delivered To-Go meals are categorized as C-2 meals if they are consumed offsite without in-person or virtual interaction.</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, if doing so will not deprive an older individual sixty (60) or older of a meal</li> </ul>
<b>Private Pay 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, if doing so will not deprive an older individual sixty (60) or older of a meal</li> </ul>

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**Scratch Meals**

Home & Congregate Meal  
Site

- **Definition:** A meal that is made from all pre-approved ingredients (purchased outside of the AAA-paid vendor food orders and **not** paid for by VCHSA-AAA) to produce a complete meal. The recipe must be preapproved by Registered Dietician.

**Note:** A “scratch” meal excludes using our existing steam trays or single serve meals (unless purchased and paid for directly by the SNP site).

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## 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)
- 2 cartons of shelf-stable milk (low or non-fat)
- 5 servings of fresh fruit
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- 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.

## Home-Delivered Meals Program Priority Ranking

### *Waitlist Priority Ranking*

When resources are limited, providers are expected to prioritize service for eligible persons with greatest social and/or economic need, with particular attention to low-income minority individuals and/or individuals with limited English proficiency. All grantees must ensure that programs and services are available to all older adults regardless of sexual orientation and gender identity. Evaluation of outreach efforts to gay, lesbian, bisexual and transgender older adults will be included in the VCHSA-AAA contract monitoring requirements. Participants shall not be denied services because of their income or financial resources.

Each provider, to the maximum extent feasible, must provide services to eligible low-income minority individuals in accordance with their need for such services. The following Priority Ranking system should be used to aid in this needs assessment for immediate services:

- PRIORITY 1:** • Individuals recently released from the hospital, short-term rehabilitation facility or inpatient mental health facility and are at risk for readmission with limited or no assistance
- Low functional status (mental, physical health, ADL/IADL limitations) which includes the inability to shop for themselves and/or prepare food<sup>5</sup>
- No regular access to food (including no one to prepare meals)
- PRIORITY 2:** • Lives alone and is determined to be socially isolated
- Alzheimer's/dementia (unless individual meets criteria for priority)
- High Nutritional Risk
- Economic need (based on self-declaration of income)
- Low levels of support
- PRIORITY 3:** • Advanced age (85+ years old)
- Moderate Nutritional Risk
- Length of time on waitlist (follows all other priorities)

### *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. The individual must be deemed to be at risk for a poor health outcome without the second or extra meal. 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.

---

<sup>5</sup> prepare food

Program staff must assess the recipient's ability to operate an oven or microwave safely if delivering frozen meals.



## Kitchen Assessment – To Be Completed by VCAAA Dietitian

### KITCHEN ANNUAL ASSESSMENT - TO BE COMPLETED BY VCAAA DIETITIAN:

Assessed by VCAAA RD \_\_\_\_\_

Contractor Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Kitchen Staff/Title/ServeSafe/Food Handler participating in Kitchen Assessment:

\_\_\_\_\_  
\_\_\_\_\_

Kitchen Assessment	Met	Not Met	N/A	Remarks
Temp Logs posted				
Menu Posted				
Gloves/Hair covering worn				
Open Packages labeled – Frig., Freezer, storage				
Quarterly Kitchen Staff Meetings- Attended				
Inspection Cert. SDS Book SNP Book				
<u>Diaster Food</u>				
Cleanliness: Kitchen/Dining				
Method of Food Prep Days of Service				
Dry Storage 6" off floor and securely covered				
Exterminating Service on board				

Annual Kitchen Assessment – FY 2023 -24 \* VC, Area Agency on Aging



## Sample Sign-In Roster

VCAAA Senior Nutrition Program  
July 2023 --Week # 1

[illegible]

# Monthly Program Report (MPR) Form



## Senior Nutrition Program MONTHLY PROGRAM REPORT - FY2324

Check box if revised report: ☐

MONTH JULY

YEAR 2023

CONTRACT SAMPLE

CONTRACT #

Please complete the following table and email this form to the VCAA by the 10th of each month following the month of service.  
Please ensure the information on this document coincides with service unit entries into the Q system

### 1. MONTHLY SERVICE UNIT SUMMARY

NUMBER OF MEALS	Current Month			Year to Date		
	Contracted	Actual	% of Contracted Meals	Contracted	Actual	% of Contracted Meals
<b>Congregate Meals - Senior (C1)</b>	42		0%	42	0	0%
Congregate - Non Registered V/S					0	
Congregate - Disabled (Non-Senior)					0	
Congregate - Wasted					0	
Private Pay (not included in totals)					0	
<b>Subtotal (C1)</b>	42	0	0%	42	0	0%
<b>Home-Delivered Meals - Senior (C2)</b>	2479	3276	132%	2479	3276	132%
HDM - Non Registered V/S					0	
HDM - Disabled (Non-Senior)		29			29	
HDM - Wasted		105			105	
<b>Subtotal (C2)</b>	2479	3410	138%	2479	3410	138%
<b>TOTAL (C1+C2)</b>	2521	3410	135%	2521	3410	135%

DAYS OF SERVICE THIS MONTH	Total Meals Served	# of Service Days	Average Meals per Day	Total Meals Served	# of Service Days	Average Meals per Day
Congregate Services*	0	31	0	0	31	0
Home-Delivered Services	3410	31	110	3410	31	110

\*Serves Congregate one day per month

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

The district continues to deliver to expand HDM and Congregate Programs under temporary COVID 19 guidelines. New clients are enrolled from either direct inquiries, in-house referrals, or VCAA referrals.

### 2. NUMBER OF MEALS INVOICED/PREPARED

NUMBER OF MEALS	Current Month	Year to Date
Jordano's Entrée Servings Received/Scratch Meals	3056	3056
Restaurant Entrées		0
Non-Jordano's Scratch Meals		0
<b>TOTAL</b>	3056	3056

NUMBER OF NON-SNP MEALS (not included in totals)	Current Month	Year to Date
Non-SNP/Non-VCAA-funded meals served	76	76

<b>3. NUMBER OF NEW CLIENTS SERVED THIS</b>	240	+		=	240
	HDM		CONGREGATE		TOTAL
<b>NEW CLIENTS YTD</b>	240	+	0	=	240
	HDM		CONGREGATE		TOTAL

Note: All clients must fill out a new intake at the beginning of each fiscal year.

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 number of eligible clients on a waitlist for home-delivered meals.

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

NO

YES

*If yes: List type of assistance needed (fiscal, program, etc.) and name/contact 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 Temperature Log

### SENIOR NUTRITION PROGRAM MONTHLY TEMPERATURE LOG

Site \_\_\_\_\_

Month \_\_\_\_\_

Temperature Log (degrees in Fahrenheit)						
Day of Month	Congregate Food (165° or higher)	Congregate Milk (41° or lower)	HDM Beginning and Ending Meal (165°/140°)	HDM Beginning and Ending Milk (41°/41°)	Refrigerator (35°-38°)	Freezer (0°)
1			/	/		
2			/	/		
3			/	/		
4			/	/		
5			/	/		
6			/	/		
7			/	/		
8			/	/		
9			/	/		
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28			/	/		
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30			/	/		
31			/	/		

Meals for both Congregate and HDM should be heated to 165 °F or warmer. Ending meal temperatures for HDM should not be less than 140 °F. Milk temperatures should not be higher than 41 °F 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 \_\_\_\_\_

Menu posted in dining area Yes\_\_\_\_\_ No\_\_\_\_\_

**(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

### Rugs/Mats

Space between tables adequate

Dining Room clean

**COMMENTS/RECOMMENDATIONS :**

--

Reviewed By:

## Determine Your Nutritional Health (DETERMINE) Checklist

*The Warning Signs of poor nutritional health are often overlooked. Use this Checklist to find out if you or someone you know is at nutritional risk.*

Read the statements below. Circle the number in the “yes” column for those that apply to you or someone you know. For each “yes” answer, score the number in the box. Total your nutritional score.

# DETERMINE YOUR NUTRITIONAL HEALTH

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	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 last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
<b>TOTAL</b>	

Total Your Nutritional Score. If it's –

- 0-2 Good! Recheck your nutritional score in 6 months.
- 3-5 You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.
- 6 or more You are at high nutritional risk. Bring this Checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that Warning Signs suggest risk, but do not represent a diagnosis of any condition. Turn the page to learn more about the Warnings Signs of poor nutritional health.

*These materials are developed and distributed by the Nutrition Screening Initiative, a project of:*



AMERICAN ACADEMY  
OF FAMILY PHYSICIANS  
THE AMERICAN  
DIETETIC ASSOCIATION  
THE NATIONAL COUNCIL  
ON THE AGING, INC.



**The Nutrition Screening Initiative • 1010 Wisconsin Avenue, NW • Suite 800 • Washington, DC 20007**  
The Nutrition Screening Initiative is funded in part by a grant from Ross Products Division of Abbott Laboratories, Inc.



The Nutrition Checklist is based on the Warning Signs described below. Use the word DETERMINE to remind you of the Warning Signs.

## **D**ISEASE

Any disease, illness or chronic condition which causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

## **E**ATING POORLY

Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health. One in five adults skip meals daily. Only 13% of adults eat the minimum amount of fruit and vegetables needed. One in four older adults drink too much alcohol. Many health problems become worse if you drink more than one or two alcoholic beverages per day.

## **T**OOTH LOSS/ MOUTH PAIN

A healthy mouth, teeth and gums are needed to eat. Missing, loose or rotten teeth or dentures which don't fit well, or cause mouth sores, make it hard to eat.

## **E**CONOMIC HARDSHIP

As many as 40% of older Americans have incomes of less than \$6,000 per year. Having less -- or choosing to spend less -- than \$25-30 per week for food makes it very hard to get the foods you need to stay healthy.

## **R**EDUCED SOCIAL CONTACT

One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.

## **M**ULTIPLE MEDICINES

Many older Americans must take medicines for health problems. Almost half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others. Vitamins or minerals, when taken in large doses, act like drugs and can cause harm. Alert your doctor to everything you take.

## **I**NVOLUNTARY WEIGHT LOSS/ GAIN

Losing or gaining a lot of weight when you are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

## **N**EEDS ASSISTANCE IN SELF CARE

Although most older people are able to eat, one of every five have trouble walking, shopping, buying and cooking food, especially as they get older.

## **E**LDER YEARS ABOVE AGE 80

Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.



The Nutrition Screening Initiative • 1010 Wisconsin Avenue, NW • Suite 800 • Washington, DC 20007

The Nutrition Screening Initiative is funded in part by a grant from Ross Products Division of Abbott Laboratories, Inc.

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



## Senior Nutrition Program CONGREGATE Meals (C1) – Client Intake Form FY2023-2024

**CONFIDENTIAL**

**PROVIDER LOCATION:** \_\_\_\_\_

**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 that individual chooses not to donate.

Date:		Phone:		Birth Date: (Required)																										
Last Name:			First Name: (No nicknames)																											
Street Address:				City:	ZIP:																									
Email:			Rural: (91307, 93066, 93040)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to State																										
Local Emergency Contact Name:				Phone:																										
<b>RACE – PLEASE CHOOSE (X) ONE:</b>																														
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> American Indian or Alaska Native</td> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Laotian</td> <td><input type="checkbox"/> Samoan</td> <td rowspan="6" style="vertical-align: top;"> <b>Ethnicity:</b>  <input type="checkbox"/> Not Hispanic/Latino  <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Decline to State                 </td> </tr> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> Other Asian</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Hawaiian</td> <td><input type="checkbox"/> Other Pacific Islander</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Cambodian</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Decline to State</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Korean</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>						<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan	<b>Ethnicity:</b> <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Decline to State	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Decline to State		<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean						
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan	<b>Ethnicity:</b> <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Decline to State																										
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Vietnamese																											
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White																											
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Decline to State																												
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean																													
<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"/> Decline to State																														
<b>Veteran Status:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Preferred Language:</b> _____																											
<b>Client Lives:</b> <input type="checkbox"/> Alone <input type="checkbox"/> Not Alone <input type="checkbox"/> Decline to State			<b>Number of Persons Living in Household:</b> _____																											
<b>Applicant's Income Level (approximate):</b>																														
<b>IF MARRIED:</b> <input type="checkbox"/> At or below Federal Poverty Level (\$19,720/year or less) <input type="checkbox"/> Above Federal Poverty Level (\$19,721/year or more) <input type="checkbox"/> Decline to State			<b>IF SINGLE:</b> <input type="checkbox"/> At or below Federal Poverty Level (\$14,580/year or less) <input type="checkbox"/> Above Federal Poverty Level (\$14,581/year or more) <input type="checkbox"/> Decline to State																											
<b>What was your sex at birth?</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Decline to State	<b>What is your Gender?</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Decline to State <input type="checkbox"/> Not listed, please specify: _____		<b>How do you describe your sexual orientation or sexual identity?</b> <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Decline to State <input type="checkbox"/> Not listed, please specify: _____																											
<b>Nutritional Assessment of Applicant:</b>																														
I have an illness or condition that made me change the kind and/or amount of food I eat.				(2pts)	<input type="checkbox"/>																									
I eat fewer than 2 meals per day.				(3pts)	<input type="checkbox"/>																									
I eat few fruits or vegetables or milk products.				(2pts)	<input type="checkbox"/>																									
I have 3 or more drinks of beer, liquor or wine almost every day.				(2pts)	<input type="checkbox"/>																									
I have tooth or mouth problems that make it hard for me to eat.				(2pts)	<input type="checkbox"/>																									
I don't always have enough money to buy the food I need.				(4pts)	<input type="checkbox"/>																									
I eat alone most of the time.				(1pt)	<input type="checkbox"/>																									
I take 3 or more different prescribed or over-the-counter drugs a day.				(1pt)	<input type="checkbox"/>																									
Without wanting to, I have lost or gained 10 pounds in the last 6 months.				(2pts)	<input type="checkbox"/>																									
I am not always physically able to shop, cook and/or feed myself.				(2pts)	<input type="checkbox"/>																									
				Decline to State:	<input type="checkbox"/>																									
<b>(If equal to or greater than 6, the client is at high nutritional risk→)</b>				<b>Total Score:</b> _____																										
I certify that all statements on this form are true and correct. _____																														
Applicant's Signature																														
<b>DO NOT WRITE IN THIS BOX – OFFICIAL USE ONLY</b>																														
Client Q Database/Unique Participant ID Number:			<input type="checkbox"/> Senior <input type="checkbox"/> Spouse <input type="checkbox"/> Volunteer <input type="checkbox"/> Private Pay <input type="checkbox"/> Non-Senior Disabled with Senior																											
Reviewed by: <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer																														



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



Programa de Nutrición para el Adulto Mayor, Congregar a Comer – Registración FY2023-2024

**CONFIDENCIAL**

PROVIDER LOCATION: \_\_\_\_\_

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.

Fecha:	Teléfono:		Fecha de nacimiento: (Requerido)	
Apellido:	Nombre: (No Apodos)			
Dirección:	Ciudad:		# Postal:	
Email:	Rural: (91307, 93066, 93040)		<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Se negó a declarar	
Contacto Local De Emergencia (Nombre)			Teléfono:	
RAZA – Por favor, elija (X) uno:				Origen Étnico:
<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"/> Filipino <input type="checkbox"/> Guames <input type="checkbox"/> Hawaiano <input type="checkbox"/> Japonés <input type="checkbox"/> Coreano	<input type="checkbox"/> Laos <input type="checkbox"/> Otra Asiática <input type="checkbox"/> Otros isleños del Pacífico	<input type="checkbox"/> Samoa <input type="checkbox"/> Vietnamita <input type="checkbox"/> Blanco <input type="checkbox"/> Se negó a declarar	<input type="checkbox"/> No Hispano/Latino <input type="checkbox"/> Hispano/Latino <input type="checkbox"/> Se negó a declarar
Estado Civil: <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				
Veterano: <input type="checkbox"/> Sí <input type="checkbox"/> No		Idioma preferido:		
Cliente Vive: <input type="checkbox"/> Solo <input type="checkbox"/> Acompañado <input type="checkbox"/> Se negó a declarar		Número de personas que viven en el hogar:		
NIVEL de ingresos del solicitante (aproximado):				
SI ES CASADO(A):		SI ES SOLTERO(A):		
<input type="checkbox"/> Eno por debajo del nivel de pobreza Federal (\$19,720/año o menos) <input type="checkbox"/> Por encima del nivel de pobreza Federal (\$19,721/año o más) <input type="checkbox"/> Se negó a declarar		<input type="checkbox"/> Eno por debajo del nivel de pobreza Federal (\$14,580/año o menos) <input type="checkbox"/> Por encima del nivel de pobreza Federal (\$14,581/año o más) <input type="checkbox"/> Se negó a declarar		
¿Cuál era su sexo al nacer?	¿Cuál es su género?		¿Cómo describiría su orientación sexual o identidad sexual?	
<input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> Se negó a declarar	<input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> Hombre transgénero <input type="checkbox"/> Mujer transgénero <input type="checkbox"/> Queer o de género no binario <input type="checkbox"/> Se negó a declarar <input type="checkbox"/> No aparece, especifique:		<input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Cuestionándose/en duda <input type="checkbox"/> Gay/Lesbiana/persona que siente atracción hacia una persona del mismo sexo <input type="checkbox"/> Se negó a declarar <input type="checkbox"/> No aparece, especifique:	
Evaluación Nutricional Del Solicitante <span style="float: right;">Marque Lo Que Corresponda:</span>				
Tiene alguna enfermedad o condición que le haya hecho cambiar su dieta y/o la cantidad de comida que consume? (2pts)				<input type="checkbox"/>
Come menos de 2 comidas por día. (3pts)				<input type="checkbox"/>
Como pocas frutas o verduras o productos lácteos. (2pts)				<input type="checkbox"/>
Consumo 3 o más bebidas alcohólicas casi todos los días. (2pts)				<input type="checkbox"/>
Tiene problemas en la boca o en los dientes que le dificulten el comer o masticar. (2pts)				<input type="checkbox"/>
Se queda sin dinero para comprar comida la mayoría de los meses. (4pts)				<input type="checkbox"/>
Come solo la mayor parte del tiempo. (1pt)				<input type="checkbox"/>
Toma usted 3 o más medicamentos sin prescripción médica por día. (1pt)				<input type="checkbox"/>
Usted ganado o perdido 10 libras o más en los últimos 6 meses sin proponérselo. (2pts)				<input type="checkbox"/>
Esta usted físicamente discapacitado para comprar, cocinar, y/o alimentarse por sí mismo. (2pts)				<input type="checkbox"/>
Se negó a declarar:				<input type="checkbox"/>
(Si el puntaje es igual o superior a 6, el cliente está en alto riesgo nutricional) Total Puntuación:				
Certifico que todas las declaraciones en este formulario son verdaderas y correctas.				Firma del solicitante
NO ESCRIBA EN ESTA CAJA. SÓLO PARA USO OFICIAL				
Client Q Database/Unique Participant ID Number:		<input type="checkbox"/> Adulto Mayor <input type="checkbox"/> Cónyuge <input type="checkbox"/> Voluntario <input type="checkbox"/> Pago Privado		
Revisado por: <input type="checkbox"/> Personal <input type="checkbox"/> Voluntario		<input type="checkbox"/> No-Adulto Mayor Discapacitado con Adulto Mayor		

FORM REV. 06082023ac

Condado de Ventura Agencia de Servicios Humanos, Agencia sobre el Envejecimiento del Área



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## CONSENTIMIENTO PARA RETIRAR COMIDAS

Condado de Ventura Agencia de Servicios Humanos, Agencia sobre el Envejecimiento del Área (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 \_\_\_\_\_ desea retirar comida congelada o llevar  
(Nombre del participante)  
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

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



## Senior Nutrition Program HOME-DELIVERED Meals (C2) – Client Intake Form FY2023-2024

**CONFIDENTIAL**

PROVIDER LOCATION: \_\_\_\_\_

**TO RECEIVE HOME DELIVERED MEALS:** Person must be aged 60 or older, homebound due to illness or disability, unable to prepare 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 that individual chooses not to donate.

Date:			Phone:			Birth Date: (Required)			
Last Name:			First Name: (No nicknames)						
<b>APPLICANT ELIGIBILITY</b>						YES	NO	<b>NOTE:</b>	
Is applicant homebound due to illness or disability?						<input type="checkbox"/>	<input type="checkbox"/>	If answer is NO, stop here; applicant is not eligible for home-delivered meals.	
Is applicant 60 or older, and/or the spouse of an eligible senior?						<input type="checkbox"/>	<input type="checkbox"/>		
Is applicant able to prepare meals?						<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, stop here; applicant is not eligible for home-delivered meals.	
Does applicant drive?						<input type="checkbox"/>	<input type="checkbox"/>		
Can applicant attend a congregate meal site if transportation is provided?						<input type="checkbox"/>	<input type="checkbox"/>		
Street Address:				City:		ZIP:			
Email:				Rural: (91307, 93066, 93040)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Decline to State		
Local Emergency Contact Name:				Phone:					
<b>RACE – PLEASE CHOOSE (X) ONE:</b>									
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan	<b>Ethnicity:</b>					
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Vietnamese						
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White						
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Decline to State							
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean								
<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"/> Decline to State					
<b>Veteran Status:</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Client Lives:</b>				<input type="checkbox"/> Alone <input type="checkbox"/> Not Alone <input type="checkbox"/> Decline to State					
<b>Applicant's Income Level (approximate):</b>				<b>Number of Persons Living in Household:</b>					
<b>IF MARRIED:</b>				<b>IF SINGLE:</b>					
<input type="checkbox"/> At or below Federal Poverty Level (\$19,720/year or less)				<input type="checkbox"/> At or below Federal Poverty Level (\$14,580/year or less)					
<input type="checkbox"/> Above Federal Poverty Level (\$19,721/year or more)				<input type="checkbox"/> Above Federal Poverty Level (\$14,581/year or more)					
<input type="checkbox"/> Decline to State				<input type="checkbox"/> Decline to State					
<b>What was your sex at birth?</b>		<b>What is your Gender?</b>			<b>How do you describe your sexual orientation or sexual identity?</b>				
<input type="checkbox"/> Female		<input type="checkbox"/> Female <input type="checkbox"/> Male			<input type="checkbox"/> Straight/Heterosexual				
<input type="checkbox"/> Male		<input type="checkbox"/> Transgender Female to Male			<input type="checkbox"/> Bisexual				
<input type="checkbox"/> Decline to State		<input type="checkbox"/> Transgender Male to Female			<input type="checkbox"/> Gay/Lesbian/Same-Gender Loving				
		<input type="checkbox"/> Genderqueer/Gender Non-binary			<input type="checkbox"/> Questioning/Unsure				
		<input type="checkbox"/> Decline to State			<input type="checkbox"/> Decline to State				
		<input type="checkbox"/> Not listed, please specify: _____			<input type="checkbox"/> Not listed, please specify: _____				
<b>THIS BOX FOR SERVICE PROVIDER ASSESSMENT</b>									
<b>About the Applicant:</b>			YES	NO	<b>Over the Past 3 Months, Does the Client...</b>			YES	NO
Any dietary restrictions? (If yes, explain)			<input type="checkbox"/>	<input type="checkbox"/>	Have trouble using the microwave or oven?			<input type="checkbox"/>	<input type="checkbox"/>
A working refrigerator?			<input type="checkbox"/>	<input type="checkbox"/>	Repeat some things over and over?			<input type="checkbox"/>	<input type="checkbox"/>
Freezer space to store five frozen meals?			<input type="checkbox"/>	<input type="checkbox"/>	Have trouble recalling appointments?			<input type="checkbox"/>	<input type="checkbox"/>
A working oven/microwave?			<input type="checkbox"/>	<input type="checkbox"/>	Have conversations that don't make sense?			<input type="checkbox"/>	<input type="checkbox"/>
Interested in weekend meals, if available?			<input type="checkbox"/>	<input type="checkbox"/>	Appear confused at times?			<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					<b>Comments:</b>				



# Senior Nutrition Program HOME-DELIVERED Meals (C2) – Client Intake Form FY2023-2024

**CONFIDENTIAL**

Nutritional Assessment of Applicant:		Check All That Apply:				
I have an illness or condition that made me change the kind and/or amount of food I eat.	(2pts)	<input type="checkbox"/>				
I eat fewer than 2 meals per day.	(3pts)	<input type="checkbox"/>				
I eat few fruits or vegetables or milk products.	(2pts)	<input type="checkbox"/>				
I have 3 or more drinks of beer, liquor or wine almost every day.	(2pts)	<input type="checkbox"/>				
I have tooth or mouth problems that make it hard for me to eat.	(2pts)	<input type="checkbox"/>				
I don't always have enough money to buy the food I need.	(4pts)	<input type="checkbox"/>				
I eat alone most of the time.	(1pt)	<input type="checkbox"/>				
I take 3 or more different prescribed or over-the-counter drugs a day.	(1pt)	<input type="checkbox"/>				
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	(2pts)	<input type="checkbox"/>				
I am not always physically able to shop, cook and/or feed myself.	(2pts)	<input type="checkbox"/>				
Decline to State:		<input type="checkbox"/>				
(If equal to or greater than 6, the client is at high nutritional risk→)		Total Score:				
CALIFORNIA ACTIVITIES & INSTRUMENTAL ACTIVITIES (IADLS) OF DAILY LIVING (ADLS)						
Please Check (✓) One of the Columns for Each Activity						
TYPE OF ASSISTANCE CARE RECEIVER NEEDS 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	Decline to State
A D L S	Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I A D L S	Light Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shopping/Errands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Meal Prep/Cleanup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Using Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Managing Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Managing Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Heavy Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant is: <input type="checkbox"/> Blind <input type="checkbox"/> Deaf		Applicant uses: <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Cane				
I understand that the information I am providing on this form is for registration purposes. I understand it will be kept confidential and that the Area Agency on Aging and service providers may use it to help identify other services for which I may benefit.		Applicant's Signature				
DO NOT WRITE IN THIS BOX – OFFICIAL USE ONLY						
Client Q Database/Unique Participant ID Number:		<input type="checkbox"/> Senior <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Senior Disabled				
Reviewed by: <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer		Type of Meals: <input type="checkbox"/> Hot <input type="checkbox"/> Frozen				







Programa de Nutrición para el Adulto Mayor, Entrega de Comidas a Casa – Registración FY2023-2024

**CONFIDENCIAL**

PROVIDER LOCATION: \_\_\_\_\_

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.

Fecha:		Teléfono:		Fecha de nacimiento: (Requerido)	
Apellido:			Nombre: (No Apodos)		
Elegibilidad Del Solicitante			Sí	No	Nota:
¿El solicitante está inhabilitados debido a enfermedad o discapacidad?			<input type="checkbox"/>	<input type="checkbox"/>	Si la respuesta es NO, parar aquí; solicitante no es elegible para entregada comidas a casa.
¿El Solicitante tiene 60 años o más, y/o el cónyuge está tiempo completo al cuidado de un adulto mayor elegible?			<input type="checkbox"/>	<input type="checkbox"/>	
¿El Solicitante es capaz de preparar comidas?			<input type="checkbox"/>	<input type="checkbox"/>	Si la respuesta es Sí, parar aquí; solicitante no es elegible para entregada comidas a casa.
¿El solicitante maneja?			<input type="checkbox"/>	<input type="checkbox"/>	
¿Puede el solicitante asistir a un comedor de alimentos donde se congregan a comer si se provee transporte?			<input type="checkbox"/>	<input type="checkbox"/>	
Dirección:			Ciudad:	# Postal:	
Email:			Rural: (91307, 93066, 93040)	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Se negó a declarar	
Contacto Local De Emergencia (Nombre)			Teléfono:		
RAZA – Por favor, elija (X) uno:					Origen Étnico:
<input type="checkbox"/> Indio americano o nativo de Alaska	<input type="checkbox"/> Filipino	<input type="checkbox"/> Laos	<input type="checkbox"/> Samoa	<input type="checkbox"/> No Hispano/Latino	
<input type="checkbox"/> India asiática	<input type="checkbox"/> Guames	<input type="checkbox"/> Otra Asiática	<input type="checkbox"/> Vietnamita	<input type="checkbox"/> Hispano/Latino	
<input type="checkbox"/> Negro o afroamericano	<input type="checkbox"/> Hawaiano	<input type="checkbox"/> Otros isleños del Pacífico	<input type="checkbox"/> Blanco	<input type="checkbox"/> Se negó a declarar	
<input type="checkbox"/> Camboya	<input type="checkbox"/> Japonés		<input type="checkbox"/> Se negó a declarar	<input type="checkbox"/> Se negó a declarar	
<input type="checkbox"/> Chino	<input type="checkbox"/> Coreano				
Estado Civil:	<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				
Veterano:	<input type="checkbox"/> Sí <input type="checkbox"/> No		Idioma preferido:		
Cliente Vive:	<input type="checkbox"/> Solo <input type="checkbox"/> Acompañado <input type="checkbox"/> Se negó a declarar		Número de personas que viven en el hogar:		
NIVEL de ingresos del solicitante (aproximado):					
SI ES CASADO(A):			SI ES SOLTERO(A):		
<input type="checkbox"/> En por debajo del nivel de pobreza Federal (\$19,720/año o menos)			<input type="checkbox"/> En o por debajo del nivel de pobreza Federal (\$14,580/año o menos)		
<input type="checkbox"/> Por encima del nivel de pobreza Federal (\$19,721/año o más)			<input type="checkbox"/> Por encima del nivel de pobreza Federal (\$14,581/año o más)		
<input type="checkbox"/> Se negó a declarar			<input type="checkbox"/> Se negó a declarar		
¿Cuál era su sexo al nacer?	¿Cuál es su género?		¿Cómo describiría su orientación sexual o identidad sexual?		
<input type="checkbox"/> Mujer	<input type="checkbox"/> Mujer <input type="checkbox"/> Hombre		<input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual		
<input type="checkbox"/> Hombre	<input type="checkbox"/> Hombre transgénero		<input type="checkbox"/> Cuestionándose/en duda		
<input type="checkbox"/> Se negó a declarar	<input type="checkbox"/> Mujer transgénero		<input type="checkbox"/> Gay/Lesbiana/persona que siente atracción hacia una persona del mismo sexo		
	<input type="checkbox"/> Queer o de género no binario		<input type="checkbox"/> Se negó a declarar		
	<input type="checkbox"/> Se negó a declarar		<input type="checkbox"/> No aparece, especifique:		
	<input type="checkbox"/> No aparece, especifique:				
<b>ESTE CUADRO PARA LA EVALUACIÓN DEL PROVEEDOR DE SERVICIOS</b>					
Acerca Del Solicitante:	Sí	No	En los Últimos 3 Meses, el Client...	Sí	No
¿Tiene restricciones dietéticas? (explicar)	<input type="checkbox"/>	<input type="checkbox"/>	¿Tiene problemas utilizando microondas/horno?	<input type="checkbox"/>	<input type="checkbox"/>
¿Tiene un refrigerador que funcione apropiadamente?	<input type="checkbox"/>	<input type="checkbox"/>	¿Repite algunas cosas una y otra vez?	<input type="checkbox"/>	<input type="checkbox"/>
¿Tiene espacio en el congelador para almacenar 5 alimentos congelados?	<input type="checkbox"/>	<input type="checkbox"/>	¿Tiene problemas recordando citas?	<input type="checkbox"/>	<input type="checkbox"/>
¿Tiene un horno/microondas que funcione apropiadamente?	<input type="checkbox"/>	<input type="checkbox"/>	¿Hay conversaciones que no tienen sentido?	<input type="checkbox"/>	<input type="checkbox"/>
¿Está interesado en las comidas de fin de semana? (Si está disponible)	<input type="checkbox"/>	<input type="checkbox"/>	¿A veces parece confundido(a)?	<input type="checkbox"/>	<input type="checkbox"/>
Comentario:			Comentario:		



# Senior Nutrition Program HOME-DELIVERED Meals (C2) – Client Intake Form FY2023-2024

**CONFIDENTIAL**

Evaluación Nutricional Del Solicitante		Marque Lo Que Corresponda:				
Tiene alguna enfermedad o condición que le haya hecho cambiar su dieta y/o la cantidad de comida que consume?		(2pts)	<input type="checkbox"/>			
Come menos de 2 comidas por día.		(3pts)	<input type="checkbox"/>			
Como pocas frutas o verduras o productos lácteos.		(2pts)	<input type="checkbox"/>			
Consumo 3 o más bebidas alcohólicas casi todos los días.		(2pts)	<input type="checkbox"/>			
Tiene problemas en la boca o en los dientes que le dificulten el comer o masticar.		(2pts)	<input type="checkbox"/>			
Se queda sin dinero para comprar comida la mayoría de los meses.		(4pts)	<input type="checkbox"/>			
Come solo la mayor parte del tiempo.		(1pt)	<input type="checkbox"/>			
Toma usted 3 o más medicamentos sin prescripción médica por día.		(1pt)	<input type="checkbox"/>			
Usted ganado o perdido 10 libras o más en los últimos 6 meses sin proponérselo.		(2pts)	<input type="checkbox"/>			
Esta usted físicamente discapacitado para comprar, cocinar, y/o alimentarse por sí mismo.		(2pts)	<input type="checkbox"/>			
		Se negó a declarar:	<input type="checkbox"/>			
(Si el puntaje es igual o superior a 6, el cliente está en alto riesgo nutricional)		Total Puntuación:				
<b>ACTIVIDADES de CALIFORNIA (ADLS) &amp; INSTRUMENTAL (IADL) actividades de la vida diaria (ADL)</b> 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 puede realizar ninguna tarea	Se negó a declarar
<b>A</b> Comida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b> Vestimenta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>L</b> Transferencia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S</b> Ducha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S</b> Ayuda para ir al baño	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arreglo personal - <i>Opcional</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ligeras tareas domésticas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lavandería - <i>Opcional</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I</b> Compras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A</b> Preparación de Comida/limpieza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b> Transporte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>L</b> Uso de teléfono	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S</b> Manejo de medicamentos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administración de dinero	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subir escalera - <i>Opcional</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tareas domésticas pesadas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solicitante es: <input type="checkbox"/> Ciego <input type="checkbox"/> Sordo		Solicitante utiliza: <input type="checkbox"/> Caminante <input type="checkbox"/> Bastón <input type="checkbox"/> Silla de ruedas				
Certifico que todas las declaraciones en este formulario son verdaderas y correctas.		Firma del solicitante				
NO ESCRIBA EN ESTA CAJA. SÓLO PARA USO OFICIAL						
Client Q Database/Unique Participant ID Number:		<input type="checkbox"/> Adulto Mayor <input type="checkbox"/> No-Adulto Mayor <input type="checkbox"/> No-Adulto Mayor Discapacitado con Adulto Mayor				
Care Plan:		Tipo de comidas: <input type="checkbox"/> Caliente <input type="checkbox"/> Congelado				

## CONSENT TO REMOVE MEALS

Ventura County Human Services Agency, 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 \_\_\_\_\_ desires to remove a frozen and/or

(Participant's Name)

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 VCHSA-AAA, 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 °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 (VCHSA-AAA, 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 \_\_\_\_\_ desea retirar comida congelada o llevar  
(Nombre del participante)  
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 VCHSA-AAA, 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 Sheets – English & Spanish Congregate Program



### Senior Nutrition Program

#### 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: \_\_\_\_\_



### Programa de Nutrición para el Adulto Mayor

#### 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:	Buena	Satisfactoria	Aceptable
Temperatura de los alimentos:	Buena	Satisfactoria	Aceptable
Tamaño de las porciones:	Buena	Satisfactoria	Aceptable
Calidad general de la comida:	Buena	Satisfactoria	Aceptable

¿Qué alimento(s) le gustaría que se agregaran al menú? \_\_\_\_\_

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

## Home-Delivered Meals Program Participant Comment Sheet – English



### COUNTY OF VENTURA AREA AGENCY ON AGING

#### HOME DELIVERED MEALS SURVEY

The Ventura County Area Agency on Aging (VCAAA) is interested in your opinions about the current Senior Nutrition Program. Please take the time to answer the questions below so that we may continue to provide you with quality foods and services.

Service Provider Location (city):	
How many meals a week do you receive at home?	1   2   3   4   5   6   7
How do you rate the quality of the meals?	Excellent   Good   Poor
How do you rate the quantity of your food?	Excellent   Good   Poor
Are you satisfied with the variety of foods currently served?	Yes   No
Do you receive a hot or frozen meal?	Hot   Frozen
Do you receive a daily or weekly delivery?	Daily   Weekly
Are you aware of the suggested contribution amount for your program?	Yes   No
Are you interested in diabetic and/or low-sodium meals?	Yes   No
How valuable do you consider the Senior Nutrition Program?	<input type="checkbox"/> Very Valuable <input type="checkbox"/> Not Valuable

#### Comments:

Please return your completed survey to your Delivery Volunteer or to the following address:

Ventura County Area Agency on Aging  
646 County Square Drive, Suite #100  
Ventura, CA 93003  
Attn: Senior Nutrition

# Home-Delivered Meals Program Participant Comment Sheet – Spanish



## COUNTY OF VENTURA AREA AGENCY ON AGING (Agencia sobre el Envejecimiento del Área del Condado de Ventura) ENCUESTA SOBRE ENTREGADA DE COMIDAS A DOMICILIO

La Agencia sobre el Envejecimiento del Área del Condado de Ventura (VCAAA) está interesada en su opinión sobre el actual Programa de Nutrición para el Adulto Mayor. Por favor, tome el tiempo necesario para responder las siguientes preguntas para que podamos continuar brindándole alimentos y servicios de calidad.

Ubicación del proveedor de servicios (ciudad):	
¿Cuántas comidas a la semana recibes en casa?	1    2    3    4    5    6    7
¿Cómo calificas la calidad de las comidas?	Excelente    Bueno    Pobre
¿Cómo calificas la cantidad de tu comida?	Excelente    Bueno    Pobre
¿Estás satisfecho con la variedad de alimentos que actualmente se sirven?	Sí    No
¿Recibes una comida caliente o congelada?	Caliente    Congelado
¿Recibes un entrega diaria o semanal?	Diario    Semanal
¿Conoces la cantidad de contribución sugerida para el programa?	Sí    No
¿Estás interesado en las comidas diabéticas y/o bajas en sodio?	Sí    No
¿Qué tan valioso consideras el Programa de Nutrición para el Adulto Mayor?	<input type="checkbox"/> Muy Valioso <input type="checkbox"/> No Valioso

### Comentarios:

Por favor devuelva su encuesta completa a su voluntario de entrega de comidas o envíela a la siguiente dirección:

Ventura County Area Agency on Aging  
646 County Square Drive, Suite #100  
Ventura, CA 93003  
Atención: Senior Nutrition

# 

### SAFETY DATA SHEETS

The Globally Harmonized System Safety Data Sheet (SDS) has 2 basic differences compared to the traditional MSDS. The SDS requires 16 elements and each element must be in a specified order as listed in the chart.

Benefits of (Material) Safety Data Sheets (SDS) include:

- Complete information to support chemical management programs
- Information about hazards to obtain guidance on safety precautions
- Allows the employer to develop worker protection procedures including employee training and environmental protection
- Provides a source of information for other key audiences including transporters of dangerous goods, emergency responders, poison centers and others

#### 1. Identification of the substance or mixture and of the supplier

- GHS product identifier. • Other means of identification.
- Recommended use of the chemical and restrictions on use.
- Supplier's details (including name, address, phone number, etc.).
- Emergency phone number.

#### 2. Hazards identification

- GHS classification of the substance/mixture and any national or regional information.
- GHS label elements, including precautionary statements. (Hazard symbols may be provided as a graphical reproduction of the symbols in black and white or the name of the symbol, e.g., flame, skull and crossbones.)
- Other hazards which do not result in classification (e.g., dust explosion hazard) or are not covered by the GHS.

#### 3. Composition/information on ingredients

- Substance**
  - Chemical identity • Common name, synonyms, etc.
  - CAS number, EC number, etc.
  - Impurities and stabilizing additives which are themselves classified and which contribute to the classification of the substance.

#### Mixture

- The chemical identity and concentration or concentration ranges of all ingredients which are hazardous within the meaning of the GHS and are present above their cutoff levels.

NOTE: For information on ingredients, the competent authority rules for CBI take priority over the rules for product identification.

#### 4. First aid measures

- Description of necessary measures, subdivided according to the different routes of exposure, i.e., inhalation, skin and eye contact, and ingestion.
- Most important symptoms/effects, acute and delayed.
- Indication of immediate medical attention and special treatment needed, if necessary.

#### 5. Firefighting measures

- Suitable (and unsuitable) extinguishing media.
- Specific hazards arising from the chemical (e.g., nature of any hazardous combustion products).
- Special protective equipment and precautions for firefighters.

#### 6. Accidental release measures

- Personal precautions, protective equipment and emergency procedures.
- Environmental precautions.
- Methods and materials for containment and cleaning up.

#### 7. Handling and storage

- Precautions for safe handling.
- Conditions for safe storage, including any incompatibilities.

#### 8. Exposure controls/personal protection.

- Control parameters, e.g., occupational exposure limit values or biological limit values.
- Appropriate engineering controls.
- Individual protection measures, such as personal protective equipment.

#### 9. Physical and chemical properties

- Appearance (physical state, color, etc.).
- Odor.
- pH.
- melting point/freezing point.
- initial boiling point and boiling range. • flash point.
- evaporation rate • flammability (solid, gas).
- upper/lower flammability or explosive limits.
- vapor pressure. • relative density.
- solubility(ies). • partition coefficient: n-octanol/water.
- autoignition temperature. • decomposition temperature.

#### 10. Stability and reactivity

- Chemical stability. • Possibility of hazardous reactions.
- Conditions to avoid (e.g., static discharge, shock or vibration).
- Incompatible materials. • Hazardous decomposition products.

#### 11. Toxicological information

Concise but complete and comprehensible description of the various toxicological (health) effects and the available data used to identify those effects, including:

- Information on the likely routes of exposure (inhalation, ingestion, skin and eye contact);
- Symptoms related to the physical, chemical and toxicological characteristics
- Delayed and immediate effects and also chronic effects from short- and long-term exposure;
- Numerical measures of toxicity (such as acute toxicity estimates).

#### 12. Ecological information

- Ecotoxicity (aquatic and terrestrial, where available).
- Persistence and degradability. • Bioaccumulative potential.
- Mobility in soil. • Other adverse effects.

#### 13. Disposal considerations

- Description of waste residues and information on their safe handling and methods of disposal, including the disposal of any contaminated packaging.

#### 14. Transport information

- UN Number
- Transport Hazard class(es).
- Marine pollutant (Yes/No).
- Special precautions which a user needs to be aware of or needs to comply with in connection with transport or conveyance either within or outside their premises.
- UN Proper shipping name.
- Packing group, if applicable.

#### 15. Regulatory information

Safety, health and environmental regulations specific for the product in question.

#### 16. Other information including information on preparation and revision of the SDS



Part #6038





## Safe Food Storage Times and Temperatures

### Office of Environmental Health Safe Food Storage Times and Temperatures

#### 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.
Vegetable, dried	6 months to 1 year	Keep cool in airtight container: if possible, refrigerate.
Ketchup, chili sauce (unopened)	12 months*	Refrigerate for longer storage.
Ketchup, chili sauce (opened)	1 month	
Mustard, prepared yellow (unopened)	2 years*	May be refrigerated. Stir before using.
Mustard, prepared yellow (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.
Vanilla (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!

# Mandated Reporter Form [SOC 341 (3/15)]

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

## CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE

### REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

DATE COMPLETED

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.

#### A. VICTIM ☐ Check box if victim consents to disclosure of information (Ombudsman use only - WIC 15636(a))

NAME (LAST NAME, FIRST NAME)		AGE	DATE OF BIRTH
SSN	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY	LANGUAGE (✓ CHECK ONE) <input type="checkbox"/> NON-VERBAL <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (SPECIFY)
ADDRESS (IF FACILITY, INCLUDE NAME AND NOTIFY OMBUDSMAN)		CITY	ZIP CODE
PRESENT LOCATION (IF DIFFERENT FROM ABOVE)		CITY	ZIP CODE
<input type="checkbox"/> ELDERLY (65+) <input type="checkbox"/> DEVELOPMENTALLY DISABLED <input type="checkbox"/> MENTALLY ILL/DISABLED <input type="checkbox"/> PHYSICALLY DISABLED <input type="checkbox"/> UNKNOWN/OTHER		<input type="checkbox"/> LIVES ALONE <input type="checkbox"/> LIVES WITH OTHERS	

#### B. SUSPECTED ABUSER ✓ Check if ☐ Self-Neglect

NAME OF SUSPECTED ABUSER		CITY		ZIP CODE	TELEPHONE ( )
ADDRESS		CITY		ZIP CODE	TELEPHONE ( )
<input type="checkbox"/> CARE CUSTODIAN (type) _____ <input type="checkbox"/> HEALTH PRACTITIONER (type) _____		<input type="checkbox"/> PARENT <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> OTHER _____ <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER RELATION _____			
GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY	AGE	D.O.B.	HEIGHT	WEIGHT

#### C. REPORTING PARTY Check appropriate box if reporting party waives confidentiality to: ☐ All ☐ All but victim ☐ All but perpetrator

NAME	SIGNATURE	OCCUPATION	AGENCY/NAME OF BUSINESS
RELATION TO VICTIM/HOW ABUSE IS KNOWN	STREET	CITY	ZIP CODE
E-MAIL ADDRESS	TELEPHONE ( )		

#### D. INCIDENT INFORMATION - Address where incident occurred

DATE/TIME OF INCIDENT(S)	PLACE OF INCIDENT (✓ CHECK ONE) <input type="checkbox"/> OWN HOME <input type="checkbox"/> COMMUNITY CARE FACILITY <input type="checkbox"/> HOSPITAL/ACUTE CARE HOSPITAL <input type="checkbox"/> HOME OF ANOTHER <input type="checkbox"/> NURSING FACILITY/SWING BED <input type="checkbox"/> OTHER (Specify)
--------------------------	--

#### E. REPORTED TYPES OF ABUSE (✓ CHECK ALL THAT APPLY)

1. PERPETRATED BY OTHERS (WIC 15610.07 & 15610.63)	
a. <input type="checkbox"/> PHYSICAL (e.g. assault/battery, constraint or deprivation, chemical restraint, over/under medication) d. <input type="checkbox"/> NEGLECT (including Deprivation of Goods and Services by a Care Custodian)	b. <input type="checkbox"/> SEXUAL e. <input type="checkbox"/> ABANDONMENT g. <input type="checkbox"/> ABDUCTION i. <input type="checkbox"/> OTHER
c. <input type="checkbox"/> FINANCIAL f. <input type="checkbox"/> ISOLATION h. <input type="checkbox"/> PSYCHOLOGICAL/MENTAL	
2. SELF-NEGLECT (WIC 15610.57(b)(5))	
a. <input type="checkbox"/> PHYSICAL CARE (e.g. personal hygiene, food, clothing, shelter) b. <input type="checkbox"/> MEDICAL CARE (e.g. physical and mental health needs) c. <input type="checkbox"/> HEALTH and SAFETY HAZARDS (e.g. risk of suicide, unsafe environment)	d. <input type="checkbox"/> MALNUTRITION/DEHYDRATION e. <input type="checkbox"/> FINANCIAL SELF-NEGLECT (e.g. inability to manage one's own personal finances) f. <input type="checkbox"/> OTHER
ABUSE RESULTED IN (✓ CHECK ALL THAT APPLY)	
<input type="checkbox"/> NO PHYSICAL INJURY <input type="checkbox"/> MINOR MEDICAL CARE <input type="checkbox"/> HOSPITALIZATION <input type="checkbox"/> CARE PROVIDER REQUIRED <input type="checkbox"/> DEATH <input type="checkbox"/> MENTAL SUFFERING <input type="checkbox"/> SERIOUS BODILY INJURY* <input type="checkbox"/> OTHER (SPECIFY) _____ <input type="checkbox"/> UNKNOWN	



**F. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PERPETRATOR STILL HAVE ACCESS TO THE VICTIM? DOES THE ALLEGATION INVOLVE A SERIOUS BODILY INJURY (see definition in section "Reporting Responsibilities and Time Frames" within the General Instructions)? PROVIDE ANY KNOWN TIME FRAME (2 days, 1 week, ongoing, etc.). LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (animals, weapons, communicable diseases, etc.).**

☐ ☒ CHECK IF MEDICAL, FINANCIAL (ACCOUNT INFORMATION, ETC.), PHOTOGRAPHS, OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.

**G. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE** (family, significant others, neighbors, medical providers, agencies involved, etc.)

NAME	RELATIONSHIP
ADDRESS	TELEPHONE ( )

**H. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE** (If unknown, list contact person)

NAME	IF CONTACT PERSON ONLY <input checked="" type="checkbox"/> CHECK <input type="checkbox"/>		RELATIONSHIP
ADDRESS	CITY	ZIP CODE	TELEPHONE ( )

**I. TELEPHONE REPORT MADE TO** ☐ APS ☐ Law Enforcement ☐ Local Ombudsman ☐ Calif. Dept. of State Hospitals  
☐ Calif. Dept. of Developmental Services

NAME OF OFFICIAL CONTACTED BY PHONE	TELEPHONE ( )	DATE/TIME
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**J. WRITTEN REPORT** Enter information about the agencies receiving this report. If the abuse occurred in a LTC facility and resulted in Serious Bodily Injury\*, please refer to "Reporting Responsibilities and Time Frames" in the General Instructions. Do not submit report to California Department of Social Services Adult Programs Division.

AGENCY NAME	ADDRESS OR FAX	<input type="checkbox"/> Date Mailed	<input type="checkbox"/> Date Faxed
AGENCY NAME	ADDRESS OR FAX	<input type="checkbox"/> Date Mailed	<input type="checkbox"/> Date Faxed
AGENCY NAME	ADDRESS OR FAX	<input type="checkbox"/> Date Mailed	<input type="checkbox"/> Date Faxed

**K. RECEIVING AGENCY USE ONLY** ☐ Telephone Report ☐ Written Report

1. Report Received by	Date/Time
2. Assigned <input type="checkbox"/> Immediate Response <input type="checkbox"/> Ten-Day Response <input type="checkbox"/> No Initial Response (NIR) <input type="checkbox"/> Not APS <input type="checkbox"/> Not Ombudsman <input type="checkbox"/> No Ten-Day (NTD)	
Approved by	Assigned to (optional)

3. Cross-Reported to ☐ CDPH-Licensing & Cert.; ☐ CDSS-CCL; ☐ Local Ombudsman; ☐ Bureau of Medi-Cal Fraud & Elder Abuse;  
☐ Calif. Dept. of State Hospitals; ☐ Law Enforcement; ☐ Professional Licensing Board;  
☐ Calif. Dept. of Developmental Services; ☐ APS;  
☐ Other (Specify) Date of Cross-Report

4. APS/Ombudsman/Law Enforcement Case File Number