

SAN MATEO COUNTY AGING AND DISABILITY SERVICES

MONTHLY HOME-DELIVERED MEALS (HDM) WAITING LIST REPORT

Title III C2

HDM

AGENCY
NAME: _____

MONTH /
YEAR: _____

Provider must keep a running list of clients on their waiting list and note the date once clients are removed from the list in the field provided.

Date Added to Wait List	First Name	Last Name	Age	Recently discharged from Hospital? (Y/N)	Recently discharged from SNF? (Y/N)	Lives Alone? (Y/N)	Date Removed from Wait List

LIST
VERIFIED BY: _____

DATE: _____