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| **SAN MATEO COUNTY AGING AND DISABILITY SERVICES** |  |  |  |  |
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| **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** |
|   |   |   |   |   |   |   |   |
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| **LIST VERIFIED BY:** |  |   |  | **DATE:** |  |   |  |