|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** |  |  |  |