

SAN MATEO COUNTY AGING AND ADULT SERVICES
Management Information System (MIS) for Congregate Nutrition (IIC1)
 (Rev. 06.2021)

MONTHLY CONGREGATE NUTRITION SITE REPORT
FY 2021-2022 Title III C-1

1. TYPE OF REPORT (CHECK ONE)	2. MONTH	YEAR
_____ ADDITION _____ CORRECTION	_____	_____

3. AGENCY NAME	4. SITE NAME
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5. TOTAL MEALS ORDERED OR PREPARED	_____
6. TOTAL MEALS SERVED	_____
<i>Total Meals Wasted (Subtract 6 from 5)</i>	_____
7. TOTAL MEALS SERVED TO SENIORS	_____
8. NON-SENIOR (UNDER AGE 60) MEALS SERVED TO SPOUSES	_____
9. NON-SENIOR (UNDER AGE 60) MEALS SERVED TO VOLUNTEERS	_____
10. NON-SENIOR (UNDER AGE 60) MEALS SERVED TO ADULTS WITH DISABILITIES	_____
<i>Total Reimbursable Meals (add 7 through 10)</i>	_____
11. NON-SENIOR (UNDER AGE 60) MEALS SERVED TO STAFF, GUESTS (non-reimbursable)	_____
12. NUMBER OF DAYS MEALS WERE SERVED THIS MONTH	_____
13. NUMBER OF MEALS DENIED TO PARTICIPANTS	_____
14. NUMBER OF NUTRITION EDUCATION SESSIONS	_____
15. NUMBER OF NUTRITION EDUCATION SESSION ATTENDEES	_____
16. DOLLAR AMOUNT OF VOLUNTARY SENIOR CONTRIBUTIONS	\$ _____
17. DOLLAR AMOUNT OF FEES RECEIVED FROM NON-SENIOR STAFF, GUESTS	\$ _____

18. C1 COVID-19 Total Meals Served

I CERTIFY THIS REPORT IS CORRECT AND COMPLETED TO THE BEST OF MY KNOWLEDGE

SIGNATURE: _____

DATE: _____

**GENERAL INSTRUCTIONS FOR COMPLETING
MONTHLY CONGREGATE NUTRITION SITE REPORT (MIS for Congregate Nutrition)**

1. **TYPE OF REPORT** - Check ADDITION when reporting data for the current month. Check CORRECTION when correcting/updating data previously reported.
2. **MONTH AND YEAR OF REPORT** - Using two digits enter month and year services were provided.
3. **AGENCY NAME** - Enter the name of your agency.
4. **SITE NAME** - Enter the site name if different from your agency name.
5. **TOTAL MEALS ORDERED OR PREPARED** - Enter the total number of meals ordered from caterer and/or prepared at the site.
6. **TOTAL MEALS SERVED** - Enter the total number of meals that were served during this reporting period. Note that the totals of line 7, 8, 9, 10, and 11 equal Line 6.
7. **TOTAL MEALS SERVED TO SENIORS** - Enter the number of meals from Line 6 served to seniors (60 years or older).
8. **NON-SENIOR (UNDER AGE 60) MEALS SERVED TO SPOUSES** - Enter the number of meals from Line 6 served to spouses under age 60 of eligible participants.
9. **NON-SENIOR (UNDER AGE 60) VOLUNTEER MEALS SERVED** - Enter the number of meals from Line 6 served to volunteers under the age of 60 who provided volunteer services during the meal program.
10. **NON-SENIOR (UNDER AGE 60) WITH DISABILITIES MEALS SERVED** - Enter the number of meals from Line 6 served to adults with disabilities who are under the age of 60, reside at home with and accompany a person 60 years of age or older to a site where congregate nutrition service is provided.
11. **MEALS SERVED TO NON-SENIOR (UNDER AGE 60) STAFF and ALL GUESTS** (non-reimbursable)
Enter the number of meals from Line 6 provided to non-senior staff and all guests.
12. **NUMBER OF DAYS MEALS WERE SERVED** - Enter the number of days meals were provided at your site this month.
13. **NUMBER OF MEALS DENIED** - Enter the number of meals requested by senior participants that you were NOT able to serve.
14. **NUMBER OF NUTRITION EDUCATION SESSIONS** - Enter the number of sessions made to participants of this site. One session is required per quarter.
15. **NUMBER OF NUTRITION EDUCATION SESSION ATTENDEES** - Enter the total number of participants in attendance at nutrition education sessions.
16. **DOLLAR AMOUNT OF VOLUNTARY SENIOR CONTRIBUTIONS** - Enter the dollar amount of contributions received from seniors and their spouses , non-senior volunteers meals served, and non-senior adults with disabilities meals served. Enter even dollar amounts by rounding up or down (whole dollars- no cents).
17. **DOLLAR AMOUNT OF FEES FROM NON-SENIORS** - Enter the dollar amount of fees collected from non-seniors.
18. **C1 COVID-19 Total Meals Served - Enter the number of Grab and Go meals provided to participants.**