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| **SAN MATEO COUNTY AGING AND DISABILITY SERVICES****Management Information System (MIS) for Congregate Nutrition (IIIC1) (Rev. 06.2025)****MONTHLY CONGREGATE NUTRITION SITE REPORT FY 2025-2026 Title III C-1** |
| **1. TYPE OF REPORT (CHECK ONE) 2** **ADDITION CORRECTION** | **. MONTH YEAR** |
|  |  |
| **3. AGENCY NAME 4** | **. SITE NAME** |
| 1. **TOTAL MEALS ORDERED OR PREPARED**
2. **TOTAL MEALS SERVED**

***Total Meals Wasted (Subtract 6 from 5)*** 1. **TOTAL MEALS SERVED TO SENIORS**
2. **NON-SENIOR (UNDER AGE 60) MEALS SERVED TO SPOUSES**
3. **NON-SENIOR (UNDER AGE 60) MEALS SERVED TO VOLUNTEERS**
4. **NON-SENIOR (UNDER AGE 60) MEALS SERVED TO ADULTS WITH DISABILITIES**

***Total Reimbursable Meals (add 7 through 10)*** 1. **NON-SENIOR (UNDER AGE 60) MEALS SERVED TO STAFF, GUESTS (non-reimbursable)**
2. **NUMBER OF DAYS MEALS WERE SERVED THIS MONTH \_**
3. **NUMBER OF MEALS DENIED TO PARTICIPANTS**
4. **NUMBER OF NUTRITION EDUCATION SESSIONS**
5. **NUMBER OF NUTRITION EDUCATION SESSION ATTENDEES \_\_**
6. **DOLLAR AMOUNT OF VOLUNTARY SENIOR CONTRIBUTIONS $**
7. **DOLLAR AMOUNT OF FEES RECEIVED FROM NON-SENIOR STAFF, GUESTS $**
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| **I CERTIFY THIS REPORT IS CORRECT AND COMPLETED DATE: TO THE BEST OF MY KNOWLEDGE****SIGNATURE:** |

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.

1. 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.
2. 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.
3. NUMBER OF DAYS MEALS WERE SERVED - Enter the number of days meals were provided at your site this month.
4. NUMBER OF MEALS DENIED - Enter the number of meals requested by senior participants that you were NOT able to serve.
5. NUMBER OF NUTRITION EDUCATION SESSIONS - Enter the number of sessions made to participants of this site. One session is required per quarter.
6. NUMBER OF NUTRITION EDUCATION SESSION ATTENDEES - Enter the total number of participants in attendance at nutrition education sessions.
7. 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).
8. DOLLAR AMOUNT OF FEES FROM NON-SENIORS - Enter the dollar amount of fees collected from non-seniors.