

SAN MATEO COUNTY AGING AND ADULT SERVICES
Management Information System (MIS) for HDM / SHDM
(Rev 07-2017)

MONTHLY HOME-DELIVERED MEALS (HDM) REPORT - FY 2017-2018
TITLE III C-2 HDM / COUNTY SPONSORED Supplemental HDM (SHDM)

1. TYPE OF REPORT (CHECK ONE)

_____ ADDITION _____ CORRECTION

2. MONTH

YEAR

3. AGENCY NAME

4. SITE NAME

Numbers 5 and 6 have been eliminated.

7. TOTAL MEALS ORDERED OR PREPARED

8. TOTAL MEALS PROVIDED

9. TOTAL MEALS PROVIDED TO SENIORS

10. TOTAL MEALS PROVIDED TO SPOUSES (If in the best interest of participant)

Total Reimbursable Meals

11. NUMBER OF DAYS MEALS WERE PROVIDED THIS MONTH

12. WAITING LIST? NO _____ YES _____ (IF YES, # ON LIST _____)

13. NUMBER OF NUTRITION COUNSELING CONTACTS

14. NUMBER OF NUTRITION EDUCATION SESSIONS

15. NUMBER OF NUTRITION EDUCATION SESSION ATTENDEES

16. DOLLAR AMOUNT OF SENIOR CONTRIBUTIONS

SUPPLEMENTAL HDM – SEPARATE INVOICE

17. NON-SENIOR (UNDER AGE 60) ADULTS WITH DISABILITIES

MEALS PROVIDED

18. DOLLAR AMOUNT OF FEES RECEIVED FROM NON-SENIORS

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

DATE

SIGNATURE

**GENERAL INSTRUCTIONS FOR COMPLETING
MONTHLY HOME-DELIVERED MEALS REPORT (MIS for HDM / SHDM)**

1. TYPE OF REPORT – Check ADDITION to report new data. Check CORRECTION to correct or update information previously reported during the existing contract period.
2. MONTH AND YEAR REPORTED SERVICES WERE PROVIDED – using two digit numbers, enter the month and year in which the service was provided.
3. AGENCY NAME – Enter the name of your agency.
4. SITE NAME – Enter the site name if different from your agency name or if you provide services in more than one location.
5. Deleted
6. Deleted
7. TOTAL MEALS ORDERED OR PREPARED – Enter the total number of meals ordered from a caterer and/ or prepared by your home-delivered meals program.
8. TOTAL MEALS PROVIDED – Enter the total number of meals that were provided to individuals by your home-delivered meals program. Note that the totals of line 9 and 16 equal Line 8.
9. TOTAL MEALS PROVIDED TO SENIORS – Enter the number of meals from line 8 that were provided to Seniors (60 years or older).
10. TOTAL MEALS PROVIDED TO SPOUSES (If in the best interest of participant) – Enter the number of meals from Line 8 that were provided to a spouse of the qualifying participant, regardless of age, if providing a meal is in the best interest of the qualifying participant.
11. NUMBER OF DAYS MEALS WERE PROVIDED THIS MONTH – Enter the number of days for which your home-delivered meals program provided meal service this month.
12. WAITING LIST – Indicated if there is a waiting list. If “yes” enter the number of seniors and eligible adults with disabilities who are on the list.
13. NUMBER OF NUTRITION COUNSELING CONTACTS – Enter the number of one-to-one counseling contacts made by the registered dietician to home-delivered meal participants.
14. NUMBER OF NUTRITION EDUCATION SESSIONS – Enter the number of “sessions” to participants this month. **One session is required per quarter.**
15. NUMBER OF NUTRITION EDUCATION SESSION ATTENDEES - Enter the number of participants receiving nutrition education this month.
16. DOLLAR AMOUNT OF SENIOR CONTRIBUTIONS – Enter the dollar amount of contributions received from seniors and their spouses. Enter only EVEN dollar amounts, rounded to the next higher number. **DO NOT include monies received from non-senior disabled persons.**
17. NON-SENIOR (UNDER AGE 60) ADULTS WITH DISAILITIES MEALS PROVIDED – Enter the number of meals served to non-senior adults with disabilities.
18. DOLLAR AMOUNT OF FEES RECEIVED FROM NON-SENIORS – Enter the dollar amount of FEES received from non-seniors.