MONTHLY HOME-DELIVERED MEALS (HDM) REPORT - FY 2019-2020
TITLE III C-2 HDM / COUNTY SPONSORED Supplemental HDM (SHDM)

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

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

SIGNATURE  DATE
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 DISABILITIES 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.