Nutrition Provider Manual

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Northwest Indiana Community Action

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Service Definitions

Senior Center/Congregate Meal Site Management

Applicable Rules and Regulations
Sections 8000 and 8006.1 of the Indiana Division on Aging Operations Manual define service as:

Service Description
NWICA has designated its Congregate Nutrition Sites as multi-purpose senior centers. The multipurpose senior center is a community facility that offers a broad range of services including health, nutrition, recreational, social and educational activities for older adults.

Nutrition services provide eligible participants with hot or otherwise appropriate, nutritionally balanced meals served in a congregate setting where surroundings promote social interaction among the individuals or home delivered meals to those participants in need of this service. Individual nutrition assessments, individual nutrition counseling, group and individual nutrition education, and outreach are also services provided as part of Indiana’s Nutrition Program.

A congregate meal is food provided by an AAA through a contracted service provider, to a qualified individual in a congregate or group setting. The meal, as served, shall meet all the requirements of the Older Americans Act and State/Local laws.

Allowable Activities
The multipurpose senior center may offer a variety of services including services, such as, but not limited to, the following:

1. Health screening and health education
2. Social services
3. Educational services
4. Recreational and group activities
5. Nutrition services, consisting of meals served in a congregate setting as follows:
   a. Serving an RDA compliant meal 5 days a week to eligible individuals (If less than 5 days a week justification must be provided and a waiver must be obtained from the Indiana Division of Aging).

Activities Not Allowed
1. Sectarian instruction or religious worship cannot be conducted as funded activities in a senior center.
2. Activities not covered under allowable activities.
3. Meals served to participants not eligible for Older America’s Act funding.
**Provider Requirements**
Senior Center/Congregate Meal Site Management providers shall keep accurate records of all in-kind services and the rationale for in-kind costs.

Senior Center/Congregate Meal Site Management providers must maintain and provide staff support to an area nutrition site council. Council members must be active nutrition site participants.

Senior Center/Provider will assist NWICA in administering a standard client satisfaction survey.

A calendar of activities must be developed on a monthly basis and posted at each site. Social activities must be offered to all meal participants.

Senior Center/Provider must implement a reservation system for weekly meal orders in order to reduce the number of meals wasted.

**Participant Contributions**
Providers shall offer the opportunity for each client to contribute financially toward the cost of the congregate meal. The provider shall ensure a method to solicit and collect contributions that maintains client confidentiality. The contribution is considered program income. Program income records must be available upon request and reported to NWICA on a monthly basis.

Providers will ensure that all contributions are counted and recorded daily by two (2) people. All contribution records must be documented on the required client signature sheet. The client signature sheet and proof of deposit must be submitted to NWICA on a monthly basis.

The provider must have written fiscal policies and procedures regarding control of program income. The fiscal policies and procedures regarding program income must provide reasonable assurance that program income is correctly earned, recorded, and used to expand Congregate Meal Site services. In accordance with OMB Circular A-110, use of program income is limited to increasing meal service, providing supportive services related to improving nutritional status, and facilitating access to nutrition services. Program income must be verifiable in the provider’s general ledger.

**Relocation/Closure of a Nutrition Site**
Congregate Meal Site Management providers shall notify NWICA in writing before a senior center/meal site is relocated, or closed. The notification shall include the following:

1. name and location of current site, and proposed relocation site (if applicable);
2. the rationale for the closure or relocation, including supporting documentation such as meal counts and participant survey results;
3. a statement describing the impact of the proposed closure/relocation upon the surrounding congregate setting; and
4. a summary of the provider’s efforts to provide information to participants regarding transportation options to a relocated or alternate site or making other arrangements for meal delivery.
Participants must receive written and verbal notification 30 days prior to the closure or relocation of the meal site (unless an emergency situation exists). In addition, all meal site closures or relocations should be publicized using local media outlets and updating the agency website. In the event of an emergency closure or relocation of a congregate site, provider must inform NWICA within one business day of the emergency situation.

The provider shall discuss and document transportation and/or meal options (such as home delivered meals) with those congregate meal site participants who will be displaced or have services suspended. If the displaced participants will be attending another meal site, the provider is to ensure the displaced participants are welcomed to the new site (i.e., personal contact, open house, site activity or other action).

Emergency Plans
Emergency plans must be in place for all sites. The plan must include at least the following information:

1) Written procedures are in place:

   To contact staff, volunteers, caterers, visiting providers, etc. (e.g., telephone and cell numbers, phone tree)

   For weather-related emergencies.

   To determine program closings.

   To notify participants of program closings (e.g., radio, telephone).

   For facility and equipment breakdowns.

   When individuals are hurt or become ill.

   Identifying emergency service agencies to assist in meal delivery, rescue, or other matters.

   When key personnel are absent (e.g., site managers).

   For threat of harm (e.g., threatening intruders).

2) Staff is trained:

   In dealing with participants who experience a sudden illness or are involved in an accident.

   In fire/building evacuation emergency procedures.

   To treat participants who are choking (e.g., Heimlich maneuver).

3) In an emergency, the following are available:

   Supplies such as water, portable radios, batteries, flood lights and flashlights, first aid kits.
4) To assist older adults in an emergency situation:

Participant files include emergency contact or caregiver designee information.

Participants are provided printed information about the types of foods and other necessities to have on hand for emergencies.

**Site Requirements**
The site must be in a location that is in close proximity to the majority of eligible older adults’ residences as feasible.

Where feasible, NWICA encourages arrangements with schools and other facilities serving children in order to promote intergenerational programs.

Each site shall meet minimum requirements related to the physical facility and equipment, including, but not limited to:

a. Access to a kitchen or approved work area, for the set-up and dispensing of meals. This includes all equipment necessary to maintain proper food temperatures. If used for the nutrition program, there shall be operating thermometers in the refrigerator and freezer. Approval of the area by the local health department is required

b. separate sinks for hand washing and food service;

c. equipment, including tables and chairs for the meals and other programs, which are sturdy and appropriate for older persons;

d. fire extinguisher(s) in good working order; and

e. Readily accessible first aid kit.

Each site shall meet the Americans with Disabilities Act (ADA). The Americans with Disabilities Act (ADA) requires certain public accommodations for persons with disabilities, including the following:

a. visible directional and informational signs;

b. telephone accessibility to staff;

c. ramps and route of travel that does not require the use of stairs;

d. all public spaces on an accessible route of travel;

e. rest rooms which are accessible to the public, at least one rest room (either one for each sex, or unisex) fully accessible;

f. adequate space to accommodate persons with canes, walkers, wheelchairs, and other assistive devices; and
g. emergency fire exit plan

Sites will maintain standard hours of operation which are posted at each meal site.

Sites shall comply with local and state health, fire, safety, building, zoning, and sanitation laws, ordinances, and codes. The provider shall maintain appropriate documentation.

Sites must be neat and clean, and have appropriate lighting and ventilation for participants.

Site Locations and Memorandum of Understanding
Some site locations are donated as in-kind, some government, city, or local parks may offer a suitable location for the Senior Center Program, therefore a memorandum or a contract is required.

Site Supplies For Meal Service
In order to provide a hot nutritious noon time lunch to participants, some necessary supplies will be needed. Below are items that will be required for service and should be supplied by the Site Management Provider.

a. Aprons, hairnets or protective hair restraint, gloves
b. Sanitation cleaning fluids/ cleaning agent; chlorine bleach
c. Garbage bags
d. Food Temperature Thermometers
e. Refrigerator Thermometers
f. Disposable cleaning cloths or paper towels
g. Any forms and/or office supplies required for completion of daily procedures and reports

Eligibility/Target Population
Persons over 60 years of age and their spouse of any age.

Persons with disabilities (any age) who reside with and attend a congregate meal site with an individual over sixty years of age; or

Persons of any age with a disability living in a housing facility primarily occupied by individuals over 60 years of age where a congregate site exists.

At the discretion of the Congregate Meal Site Management provider, volunteers, regardless of their age, may be offered a meal for their time and services rendered.

Unit of Service
1 meal served to an eligible participant = 1 unit

Service Authorization
NWICA service authorization is not required for Senior Center/Congregate Meal Sites. Providers must ensure eligibility requirements are met. Providers must complete intake information which includes participant demographic information. The participant intake information must be updated annually. Participant intake information and monthly attendance records must be uploaded to NWICA’s nutrition staff via share point to be entered into the approved nutrition software.

**Documentation Requirements**

**Intake Form/Risk Assessment**

The Provider will ensure that intake information is documented for all new meal site participants. Intake and Risk Assessment will be uploaded to Nutrition Program Staff via SharePoint and subsequently entered into the approved nutrition software. The Provider will keep the intake form on file. The intake information must be available to NWICA upon request. The participant intake information must be updated annually.

**Daily Report/Donation Form**

The Provider will ensure that this form is completed at each site in order to record donations. The Provider will ensure that these records are maintained accurately in a confidential manner. The Daily Donation Report must be included with the nutrition site’s monthly billing.

**Data entry & Nutrition Education**

All data will be uploaded via SharePoint to Nutrition Program staff who will transfer all data to approved Nutrition Software.

**Required documentation (including Intake/Risk Assessment, Sign-In Roster, and Nutrition Education Data) must be uploaded each week on Tuesday by 2PM.** This includes the Restaurant Voucher Program.

**Monthly Invoice**

The Provider will ensure that a monthly invoice is submitted to NWICA by the 5th of each month.

The Provider will receive the meal invoice from the caterer. The meal invoice will be reviewed by the provider. The signature of the authorized representative of the Provider indicates to NWICA that the invoice is approved for payment. The meal invoice is mailed with the Provider invoice to NWICA.

The Provider will submit their monthly invoice on the authorized NWICA invoice. The invoice units must equal the number of units entered into SAMS and the number of participant signatures on the Roster/Sign in Form. The invoice must be completed in its entirety.

**Cash Match/Project Income and In-Kind**

The Provider will complete the following forms monthly:

a. The In-Kind Contribution Report

b. Volunteer Time Sheets (as appropriate)
c. The Program Income/Cash Match Report

**Staffing Requirements**
Providers must make provision for a designated individual to be responsible for operations of each site daily when the nutrition site is open. This individual must demonstrate a sincere respect for the dignity of the people served at the nutrition site. This individual must demonstrate the capacity to manage the site according to policy and to complete the required procedures and paperwork on a daily basis. This individual may be a paid staff person or a volunteer.

All Provider staff and volunteers must be adequately trained. Training must include but is not limited to the following:

a. Proper food handling and sanitation

b. Food safety for prevention of food borne illness and transmittable diseases.

c. Reporting Requirements

d. Emergency Procedures

Site staff/volunteer and management training records must be maintained in the personnel file at the provider’s offices.

**Applicable Funding Source(s)**
Older American’s Act TIIIC funding, NSIP funds
Home Delivered Meals

Applicable Rules and Regulations
Section 8000 and 8006.2.4 of the Indiana on Aging Operations Manual

Service Description
A Home delivered meal is a meal provided to a qualified individual at his/her place of residence. The meal is served as part of a program administered by the AAA and meets all the requirements of the Older Americans Act and State/Local laws.

Home Delivered Meal Program Requirements
The Home Delivered Meals provider shall deliver the meal that has been prepared by a NWICA contracted Meal Preparation/Catering vendor, to the eligible participant’s home.

There shall be no more than a four-hour lapse of time between preparation time and meal delivery at the clients home.

The Home Delivered Meals provider shall maintain the proper temperatures for the hot food at 135 degrees F.; and cold foods at 40 degrees F.; and shall maintain adequate sanitary practices for handling the food transit.

The Home Delivered Meals provider shall be compliant with any and all pertinent rules and regulations as set forth by the Local Board of Health having jurisdiction in the area that the provider operates.

The Home Delivered Meals provider must maintain appropriate insurance pertaining to the preparation and distribution of meals.

The Home Delivered Meals provider must provide meals in accordance with the menu approved by the NWICA contracted Registered Dietician.

Participant Contributions
The Home Delivered Meals providers shall offer the opportunity for each client to contribute financially toward the cost of a meal. The Home Delivered Meals provider shall ensure a method to solicit and collect contributions that maintains client confidentiality. The contribution is considered program income. Program income records must be available upon request and reported to NWICA on a monthly basis.

The Home Delivered Meals providers will ensure that all contributions are counted and recorded daily by two (2) people. All contribution records must be documented on the required client signature sheet. The client signature sheet and proof of deposit must be submitted to NWICA on a monthly basis.

The Home Delivered Meals provider must have written fiscal policies and procedures regarding control of program income. The fiscal policies and procedures regarding program income must provide reasonable assurance that program income is correctly earned, recorded, and used to
expand Home Delivered Meals services. In accordance with OMB Circular A-110, use of program income is limited to increasing meal service, providing supportive services related to improving nutritional status, and facilitating access to nutrition services. Program income must be verifiable in the provider’s general ledger.

**Emergency Plans**

Emergency plans must be in place for all home delivered meal programs. The plan must include at least the following information:

1) **Written procedures are in place:**
   - To contact staff, volunteers, caterers, etc. (e.g., telephone and cell numbers, phone tree)
   - For weather-related emergencies.
   - To determine program closings.
   - To notify participants of program closings (e.g., radio, telephone).
   - For facility and equipment breakdowns.
   - When individuals are hurt or become ill.
   - Identifying emergency service agencies to assist in meal delivery, rescue, or other matters.
   - When key personnel are absent.

2) **Staff is trained to assist older adults in an emergency situation:**
   - Participant files include emergency contact or caregiver designee information.
   - Participants are provided printed information about the types of foods and other necessities to have on hand for emergencies.

**Home Delivered Meal Supplies for Service:**

In order to provide a home delivered nutritious meal to eligible participants some necessary supplies will be needed.

These supplies will be provided by the NWICA contracted Meal Preparation/Catering vendor. Below are items that may be required for service;

- Condiment
- Approved Food Carry-out Containers
- Insulated Food Carrier

**Emergency Supply Pack**

Shelf stable meal packages may be available in the month(s) of December and January. The Nutrition Supervisor will organize a shelf stable meal request letter that will be sent out to all Home Delivered Meals vendors for amount submission. Once ordered, the supplier will deliver to all vendors in the six county region. Shelf stable meals are non-refrigerated and require minimal to no preparation and they are
nutritionally packaged to meet the regulated one-third RDA. The shelf stable meals will supply clients with an emergency meal replacement due to state of an emergency and nutrition program closures.

**Allowable Activities**
Delivery of meals supplied by the NWICA contracted Meal Preparation/Catering vendor to the eligible participant’s home.

**Activities Not Allowed**
Activities not covered under allowable activities. Meals provided to individuals not eligible for Older American’s Act funding.

**Eligibility/Target Population**
In order to receive home delivered meals the following criteria must be met:

- An individual must be 60 years of age or older
- Must be homebound or
- Must be isolated.
- Registered congregate meal participants who request a home delivered meal (s) due to a short-term illness or health condition
- NOTE—after 3 consecutive days of service, medical documentation is required for continued service and the participant must qualify as homebound.

**Unit of Service**
1 delivered meal = 1 unit

**Service Authorization**
Services must be provided according to the Vendor Authorization provided by the NWICA Case Manager.

**Documentation Requirements**
1. Client signature sheet and/or route log signed by driver. *Note: Medicaid requires client signatures.
2. Monthly invoice must include:
   a. Signature information as described above
   b. Cash Match/Project Income and In-Kind supporting documentation
3. Nutritional education, health information and surveys must be part of the home delivered meal program.

**Applicable Funding Sources**
Older American’s Act TIII, NSIP, CHOICE, Waiver
Registered Dietitian

Service Description

The registered dietitian is recognized by the medical profession as the legitimate provider of nutritional care. Registered dietitians have specialized education in human anatomy and physiology, diet therapy, and food science. Therefore a registered dietitian would be beneficial to the nutrition program managed by Northwest Indiana Community Action (NWICA).

The purpose of the registered dietitian is to regulate menu requirements and provide professional advice to the nutrition program operated by NWICA. The dietitian’s expertise will support this program through education, menu planning, and nutrient analysis of meals to assure Recommended Daily Allowance (RDA) requirements are met as specified in the Indiana Division of Aging regulations.

Provider Requirements:

Services must be provided by a Registered Dietitian.

1. The Registered Dietitian will finalize the nutrition program menus in one of the following ways:
   a. If approved by NWICA, caterers will submit proposed menus to the Registered Dietitian for approval. The Registered Dietitian will review to ensure that all program requirements are met, including, but not limited to: the Indiana Division of Aging requirements; Older American’s Act requirements; and RDA requirements for older individuals.
   b. For any caterer not approved to develop their own menus, the Registered Dietitian will supply an approved menu and corresponding recipes that meet the program requirements.
2. The Registered Dietitian will conduct a Nutrient Analysis of the menu through a nutrition analysis software system in coordination with contracted caterers to verify that nutrient requirements are met through menu items.
3. The Registered Dietitian will consult with the NWICA Nutrition Supervisor and the Chief Operating Officer as needed. Consultation may include, but is not limited to, any of the following
   a. Menu consulting: discussions on choice, special dietary needs due to religion, holidays etc. Individual consultations with nutrition program participants may also be necessary.
   b. Menu corrections: corrected menus or changed menus due to availability of products, variety, client location and preferences.
4. The Registered Dietitian must provide nutrition counseling to individuals receiving modified meals and therapeutic diets and individuals who are deemed high risk as a result of the nutrition screening completed by NWICA staff.
   a. The Registered Dietitian must provide nutrition counseling to individuals who are deemed high risk as a result of the nutrition screening completed by NWICA staff and/or individuals who have physician’s orders for modified meals or therapeutic diets.
      i. Nutritional Counseling procedures:
         1. NWICA will initiate a referral to the Registered Dietitian for all nutrition counseling services.
2. The Registered Dietitian will complete an initial contact with any referred consumer within 10 working days of receipt of a referral.

3. The Registered Dietitian will complete the nutrition counseling process with each referred consumer within 30 calendar days of receipt of the referral.

5. Attendance at nutrition planning meetings in order to foster collaboration with all parties involved in the nutrition program. Meetings will be conducted by the Nutrition Supervisor on an as needed basis. Parties associated with the nutrition planning meetings may include: Dietitian, Nutrition Supervisor, caterer(s), Meals Site Management entities, Meal Site Managers, Home Delivered Meals providers, and other designees.

6. Nutrition education programs for nutrition program participants will be organized by the Nutrition Supervisor and the dietitian. Nutrition education programs may be conducted on-site or, on occasion, may be written information in the form of brochures or other hand outs for participants.

7. The Registered Dietitian must provide a minimum of two trainings per State Fiscal year (no less than 1 training per 6 month period) on dietary care and nutrition screening for the case managers and any other staff members who are responsible for performing and evaluating nutrition screens.

Unit(s) of Service

For menu and other services provided to NWICA directly: 1 hour = 1 unit

For Nutrition Counseling and Education Services: 1 session = 1 unit

Service Authorization

The fully executed agreement between NWICA and the Registered Dietitian will serve as the authorization to provide services.

Documentation Requirements

The Registered Dietitian must submit a monthly itemized invoice for work performed under the agreement. For nutrition counseling services provided, units must be documented as specified in the Technical Assistance Section of the Request for Proposal document.

Applicable Funding Source(s)

Funding sources include Older American’s Act Title IIIC
**Meal Preparation/Catering.**

**Applicable Rules and Regulations & Service Description:**

Section 8000.5 of the Indiana Division on Aging Operations Manual defines Meal Preparation/Catering vendors as: Organization contracted by the nutrition service provider (AAA) to provide meal services within the planning and service area.

NWICA contracts with Meal Preparation/Catering vendors to prepare and deliver food/meals in support of the Home Delivered Meal and Congregate Meal Nutrition Programs.

Section 8000 of the Indiana Division on Aging Operations Manual defines nutrition services as:

Nutrition services provide eligible participants with hot or otherwise appropriate, nutritionally balanced meals served in a congregate setting where surroundings promote social interaction among the individuals or home delivered meals to those participants in need of this service. Individual nutrition assessments, individual nutrition counseling, group and individual nutrition education, and outreach are also services provided as part of Indiana’s Nutrition Program.

The meal, as served, shall meet all the requirements of the Older Americans Act and State/Local laws.

**Provider Requirements:**

1. Meal Preparation/Catering vendor must have valid permit/license from the local health department.

2. Meal Preparation/Catering vendor must be in compliance with all sanitation standards as outlined in the Indiana Code Title 410 IAC 7-24.

3. Meal Preparation/Catering vendor have all employees and management review and sign informational documentation pertaining to communicable diseases pertaining to food. i.e., reportable diseases, exclusion, and symptoms.

4. Meal Preparation/Catering vendors must have procedures in place to identify when food was prepared and it’s source(s), should there be a food borne disease investigation.

5. Meal Preparation/Catering vendors must have a minimum of one certified food safety certified person on premises during all food production/operation.

6. Meal Preparation/Catering vendors must have written food safety procedures and proof of internal audits. *Temperature log books* for all prepared items must be in place. HACCP systems are encouraged.

7. All health inspections must be reported to the NWICA Nutrition Coordinator within 24 hours of the inspection. For all Critical violations cited, the Meal Preparation/Catering vendor must provide a written explanation of why the error occurred and a written procedure to prevent the violation from reoccurring including documentation of any training conducted.

8. Meal Preparation/Catering vendors must have documentation of food safety training programs that are provided on a routine basis.
9. Meal Preparation/Catering vendors must supply insulated containers for hot and cold food for the transportation of meals and other food to the designated Nutrition Site.

10. There shall be no more than a four-hour lapse of time between the preparation of the meal and the time the participant is served the meal. Meal Preparation/Catering vendors must coordinate with Nutrition Program providers to ensure that this time frame is adhered to.

11. The provider shall maintain the proper temperatures for the hot food at a minimum of 135 degrees F.; and cold foods at a maximum of 40 degrees F.; and shall maintain adequate sanitary practices for handling the food transit.

12. NWICA contracts with a Registered Dietitian for menu review and approval. Meal Preparation/Catering vendors must submit the proposed menu and all associated recipes to the NWICA Nutrition Coordinator within the prescribed time frame for review and approval by the Registered Dietitian. If a Meal Preparation/Catering vendor prefers, NWICA will supply a menu that has been pre-approved by the Registered Dietitian.

Provider Requirements:

1. The provider shall be compliant with any and all pertinent rules and regulations as set forth by the Local Board of Health having jurisdiction in the area that the provider operates.

2. The provider must maintain appropriate insurance pertaining to the preparation and distribution of meals.

Catering Supplies: In order to deliver hot/cold nutritious meals, some necessary supplies will be required. The contracted Meal Preparation/Catering vendors shall supply all necessary supplies. The list of required supplies includes, but is not limited to, the following:

- Hot/Cold temperature regulated bulk carriers for food.
- Food Carry-Out Containers
- Portioned serving size utensils (Institutionalized), as necessary and appropriate
- Condiments for each meal as appropriate and applicable to menu and nutrient analysis
- Temperature log meal and comment sheet (delivery confirmation log)
- Appropriate vehicles for delivery

Unit of Service: 1 meal = 1 unit

Service Authorization: The congregate meal site/provider will provide the Meal Preparation/Catering vendors with a weekly meal order.

Documentation Requirements: For congregate meal preparation, documentation must include the number of meals delivered to each congregate site. Documentation must be available documenting food temperatures. For home delivered meal preparation, bulk meals delivered to a site for homebound distribution by the congregate meal provider must be documented in the same manner as congregate meal preparation.

Applicable Funding Source(s): Older American’s Act TIIIIC funding, NSIP funds
Restaurant Voucher Program Management

Applicable Rules and Regulations: Title IIIC of the Older Americans Act, 460 IAC 1.2 Home and Community Based Services Rule, and Section 8000 of the Indiana Division of Aging Operations Manual.

Service Description
NWICA has designated its Restaurant Voucher Program as Community Restaurant Meal Site located in a participating Restaurant that offers services including nutrition, and social interaction for older adults. Nutrition services provide eligible participants with hot or otherwise appropriate, nutritionally balanced meals served in a restaurant setting where surroundings promote social interaction among the individuals.

For the purpose of NWICA’s Restaurant Voucher Program, a Voucher booklet shall be produced and made available by the Voucher Program Manager at a designated time and place. The voucher booklet shall consist of the NWICA approved amount of individual vouchers for meals which are funded by an AAA through a contracted Restaurant, to a qualified individual that meets all the requirements of a congregate or group setting. (Number of vouchers to be determined by NWICA) The contracted Voucher Manager shall establish/solicit and then maintain a relationship with at least one restaurant to serve as the meal site as part of the voucher program. The participating restaurant shall enter into an agreement with the Voucher Program Manager according to both the restaurant service definition (attached) and a Voucher Program Manager-Restaurant Contract (template attached). The meal, as served by the Restaurant in participation with the program, shall meet all the requirements of the Older Americans Act and State/Local laws.

Additionally, individual nutrition assessments, individual nutrition education and referral for individual nutrition counseling are available at the time of distribution. Outreach activities available for the participants to attend at designated locations throughout NWICA’s service area are also provided at time of voucher distribution.

Allowable Activities
As referenced above, a variety of services shall be made available/accessible by the Community Restaurant Site in addition to meals. These resources will be made available primarily at time of Voucher distribution unless otherwise specified. These activities include but are not limited to the following:

6. Health screening and health education (available at locations designated at time of distribution)
7. Social services
8. Educational services twice monthly (education typically offered at distribution and/or via mail – see attached Nutrition Education document for more information)
9. Recreational and group activities (available at locations designated at time of distribution)
10. Nutrition services, consisting of meals served in a restaurant setting as follows:

   a. Serving an RDA compliant meal 5 days a week to eligible individuals (If less than 5 days a week justification must be provided and a waiver must be obtained from the Indiana Division of Aging).

Activities Not Allowed
4. Sectarian instruction or religious worship cannot be conducted as funded activities in a Community Restaurant Site.
5. Activities not covered under allowable activities.
6. Meals served to participants not eligible for Older America’s Act funding.

Provider Requirements
Community Restaurant Meal Site Management providers shall keep accurate records of all in-kind services and the rationale for in-kind costs.

Community Restaurant Meal Site Management providers must maintain and provide staff support to an area nutrition site council. Council members must be active nutrition site participants.

Provider will assist NWICA in administering a standard client satisfaction survey.

A calendar of activities and locations must be developed on a monthly basis and provided to each participant at time of distribution of the vouchers. Social activities must be offered to all meal participants.

Staffing Requirements
Providers must make provision for a designated individual to be responsible for operations of the restaurant voucher program at distribution. This individual must demonstrate a sincere respect for the dignity of the people served at the Restaurant meal site. This individual must demonstrate the capacity to manage the distribution of vouchers according to policy and to complete the required procedures and paperwork. This individual may be a paid staff person or a volunteer.

Site staff/volunteer and management training records must be maintained in the personnel file at the provider’s office. (For restaurant staff requirements please see attached restaurant service definition.)

Service Authorization
NWICA service authorization is not required for Restaurant Voucher Meal Sites. Providers must ensure eligibility requirements are met. Providers must complete intake information which includes participant demographic information. The participant intake information must be updated annually. Participant intake information and monthly attendance records must be submitted / uploaded via SharePoint to NWICA’s nutrition staff who will ensure the data is entered into the approved nutrition software.

Documentation Requirements
Intake Form
The Provider will ensure that intake information is documented for all new meal site participants. The Provider will input new client information into Nutrition Software and provide a copy to NWICA Nutrition program staff. The Provider will keep the intake form on file. The intake information must be available to NWICA upon request. Each participant’s intake information must be updated annually.

Daily Report/Roster & Sign In Form
The Provider will ensure that Daily Report/Sign in Form is completed at each site. The Provider will ensure that these records are maintained accurately in a confidential manner. The Daily Report/Sign in Forms must be included with the nutrition site’s monthly billing.

Data Entry
The Provider will ensure that the data obtained from the attendance record is uploaded to NWICA’s nutrition staff via SharePoint to be entered in the approved nutrition software. Data collected shall report the monthly meals provided at each site.

Monthly Invoice
The Provider will ensure that a monthly invoice is submitted to NWICA by the 5th of each month.

The Provider will obtain the meal invoices/redeemed vouchers from the restaurant. The meal invoice will be reviewed by the provider. The signature of the authorized representative of the Provider indicates to NWICA that the invoice is approved for payment. The meal invoice is mailed with the Provider invoice to NWICA.

The Provider will submit their monthly invoice on the authorized NWICA invoice. The invoice units must equal the number of units entered into NWICA nutrition software and the number of participant signatures on the Vouchers that is transferred to the Daily Report/Sign in Form (Roster). The invoice must be completed in its entirety.

Cash Match/Project Income and In-Kind
The Provider will complete the following forms monthly:

d. The In-Kind Contribution Report
e. Volunteer Time Sheets (as appropriate)
f. The Program Income/Cash Match Report

Participant Contributions
Providers shall offer the opportunity for each client to contribute financially toward the cost of the meal voucher booklet at time of distribution. The provider shall ensure a method to solicit and collect contributions that maintains client confidentiality. The contribution is considered program income. Program income records must be available upon request and reported to NWICA on a monthly basis.

Providers will ensure that all contributions are counted and recorded daily by two (2) people. All contribution records must be documented on the required Daily Donation Report form. The
Daily Donation Report form and proof of deposit must be submitted to NWICA on a monthly basis.

The provider must have written fiscal policies and procedures regarding control of program income. The fiscal policies and procedures regarding program income must provide reasonable assurance that program income is correctly earned, recorded, and used to expand Meal Site services. In accordance with OMB Circular A-110, use of program income is limited to increasing meal service, providing supportive services related to improving nutritional status, and facilitating access to nutrition services. Program income must be verifiable in the provider’s general ledger.

**Eligibility/Target Population**
Persons over 60 years of age and their spouse of any age.

Persons with disabilities (any age) who reside with and attend a congregate meal site with an individual over sixty years of age; or

Persons of any age with a disability living in a housing facility primarily occupied by individuals over 60 years of age where a congregate site exists.

At the discretion of the Restaurant Meal Site Management provider, volunteers, regardless of their age, may be offered a meal for their time and services rendered.

**Unit of Service**
1 meal served to an eligible participant = 1 unit

**Payment Terms**
Restaurant Voucher providers may pay up front for meals rendered to participants.

It is also the option of the provider to issue payment once provider is reimbursed from NWICA, according to NWICA’s payment reimbursement schedule (currently up to 5-8 weeks to receive reimbursement).

Payment agreement shall be agreed upon between Voucher Program Manager and Restaurant, and shall be thus specified agreement in the Voucher Program Manager – Restaurant Contract according to what will be the actual practice between the provider and the restaurant.

**Voucher Program Manager – Restaurant Contract**
For further requirements and standards regarding participating restaurant food, safety, personnel, etc, as well as regarding payment terms, please see attached restaurant service definition. This service definition is to be utilized as a reference for the Voucher Manager/Participating Restaurant relationship.

**Applicable Funding Source(s)**
Older American’s Act TIIIC funding, NSIP funds
**Restaurant Meal Preparation**

*Meal Preparation - Restaurant Voucher Program*

**Applicable Rules and Regulations:** Title IIIC of the Older Americans Act, 460 IAC 1.2 Home and Community Based Services Rule, and Section 8000 of the Indiana Division of Aging Operations Manual.

NWICA contracts with restaurants to prepare and serve meals in support of the Congregate Meal/Restaurant Voucher Nutrition Programs. The meal, as served, shall meet all the requirements of the Older Americans Act and State/Local laws.

**Restaurant Requirements:**

13. Restaurant vendor must have valid permit/license from the local health department.

14. Restaurant vendor must be in compliance with all sanitation standards as outlined in the Indiana Code Title 410 IAC 7-24.

15. All Restaurant staff must be adequately trained as outlined by the local Health Department. Training must include but is not limited to the following: proper food handling and sanitation, food safety for the prevention of food borne illnesses and transmittable diseases, and any applicable reporting requirements and emergency procedures.

16. Restaurant has all employees/management review and sign informational documentation relative to communicable diseases pertaining to food. i.e., reportable diseases, exclusion, and symptoms.

17. Restaurant vendors must have procedures in place to identify when food was prepared and its source(s), should there be a food borne disease investigation.

18. Restaurant vendors must have a minimum of one certified food safety certified person on premises during all food production/operation.

19. Restaurant vendors must have written food safety procedures and proof of internal audits. *Temperature log books* for all prepared items must be in place. HACCP systems are encouraged.

20. All health inspections must be reported to the NWICA Nutrition Coordinator within 24 hours of the inspection. For all Critical violations cited, the Restaurant vendor must provide a written explanation of why the error occurred and a written procedure to prevent the violation from reoccurring including documentation of any training conducted.

21. Restaurant vendors must have documentation of food safety training programs that are provided on a routine basis.

22. Restaurant vendors must supply insulated containers for hot and cold food for the transportation of meals and other food to the designated Nutrition Site.

23. There shall be no more than a four-hour lapse of time between the preparation of the meal and the time the participant is served the meal. Restaurant vendors must coordinate with Nutrition Program providers to ensure that this time frame is adhered to.
24. The provider shall maintain the proper temperatures for the hot food at a minimum of 135 degrees F.; and cold foods at a maximum of 40 degrees F.; and shall maintain adequate sanitary practices for handling the food transit.

25. NWICA contracts with a Registered Dietitian for menu review and approval. Restaurant vendors must submit the proposed menu and all associated recipes to the NWICA Nutrition Supervisor within the prescribed time frame for review and approval by the Registered Dietician. If a Restaurant vendor prefers, NWICA will supply a menu that has been pre-approved by the Registered Dietitian.

Additional Requirements:

3. The provider shall be compliant with any and all pertinent rules and regulations as set forth by the Local Board of Health having jurisdiction in the area that the provider operates.

4. The provider must maintain appropriate insurance pertaining to the preparation and serving of meals.

Unit of Service: 1 meal = 1 unit

Service Authorization: The congregate meal site/provider will provide the Restaurant vendors with a weekly meal order.

Documentation Requirements: For restaurant meal preparation, documentation must include the number of meals prepared at each restaurant site for the Restaurant voucher participants. This number should match the number of vouchers submitted. Documentation must be available documenting food temperatures.

Payment Terms

Restaurant Voucher providers may pay up front for meals rendered to participants. The provider may also elect to issue payment once provider is reimbursed from NWICA, according to NWICA’s payment reimbursement schedule (currently up to 5-8 weeks to receive reimbursement).

Payment agreement shall be agreed upon between Voucher Program Manager and Restaurant, and shall be thus specified agreement in the Voucher Program Manager – Restaurant Contract according to what will be the actual practice between the provider and the restaurant.

Applicable Funding Source(s): Older American’s Act TIIIC funding, NSIP funds
Restaurant Voucher Nutrition Education Requirements:
Nutrition Education shall be provided to Congregate participants, Restaurant Voucher Program participants and Home Delivered Meal participants a minimum of two times per month.

Allowable Activity:

Nutrition Education Allowable Activity per the Division of Aging Manual:

• Nutrition education services and other appropriate nutrition services for older adults may be included as part of Nutrition Services. Clients must be provided a minimum of 2 pieces of nutrition education each month.

• For the purposes of data tracking, nutrition education shall be reported as one session per participant. The education may be provided in a group or individual setting overseen by a dietician or individual of comparable expertise.

The nutrition providers and NWICA staff will meet this requirement by providing nutrition education activities prepared by our contracted dietician and/or material that are obtained from the American Dietetic Association and other reputable organizations. The NWICA Nutrition Supervisor will assist in obtaining this information and serve as technical support to the providers.

The congregate meal providers will provide this information in a group setting at the congregate site. The home delivered meal providers will provide this same information in written format to the participants at the time the meal is delivered.
Nutrition Program Standard Operating Procedures

In accordance with state and federal requirements Northwest Indiana Community Action Corporation (NWICA) contracts with various community service programs throughout our planning and service area to implement the nutrition program. The NWICA Nutrition Program provides administrative, training support and technical assistance to community service programs responsible for nutrition sites in Lake, Porter, Jasper, Pulaski, Newton and Starke Counties.

Good nutrition helps older adults remain healthy and independent in their communities. Under the older Americans Act (OAA), congregate meals help increase the nutrient intake of participants. These meals are offered in a variety of settings, such as senior centers, senior housing facilities, community and faith-based facilities, schools, and adult day care facilities. In these settings, participants are given the opportunity to form new friendships and to interact in a social environment. A variety of services are provided, such as nutrition screening, assessment, education and counseling. Supportive services, such as physical activity programs, health screenings, health promotion and other services are available. These services help participants identify their nutrition needs as well as enhance their health and well-being.

Congregate Site Requirements

NWICA’s goal is to develop and maintain congregate nutrition site locations throughout the six counties within our service and planning area. The identified nutrition sites are established and will be maintained by the service provider to serve the unmet nutritional needs within each of the identified communities.

Accessible Facilities

Each congregate meal site shall meet the Americans with Disabilities Act (ADA). ADA requires certain public accommodations for persons with disabilities, including the following:

- Visible directional and informational signs;
- Telephone accessibility to staff;
- Ramps and route of travel that does not require the use of stairs;
- All public spaces on an accessible route of travel
- Rest rooms which are accessible to the public, at least one rest room (either one for each sex, or unisex) fully accessible; and
- Adequate space to accommodate persons with canes, walkers, wheelchairs, and other assistive devices.

Each congregate meal site shall meet minimum requirements related to the physical facility and equipment, including, but not limited to:

- Access to a kitchen or approved work area, for the set-up and dispensing of meals. This includes all equipment necessary to maintain proper food temperatures. If used for the nutrition
program, there shall be operating thermometers in the refrigerator and freezer. Approval of the area by the local health department is required.

- Separate sinks for hand washing and food service;
- Equipment, including tables and chairs for the meals and other programs, which are sturdy and appropriate for older persons;
- The site shall be in compliance with state and/or local fire and safety standards:
- Fire extinguisher (s) in good working order: and
- Readily accessible first aid kits should be available at each site.

Directions/instructions for personal safety in case of an emergency shall be reviewed with participants and procedures shall be posted. This includes information on fires, tornados, and other severe weather conditions, choking (how to perform the Heimlich Maneuver), and emergency telephone numbers.

All inspection reports of the site including fire marshal, safety, public works and health department reports shall be forwarded to NWICA within 30 days of the site receiving the report. Any written corrective action plans for any deficiencies should also be submitted at that time.

**Other Site Requirements**

Congregate meal sites will maintain standard hours of operation which need to be posted at each meal site. The posting should also include the recommended donation. Standard hours of operation will be at least 4 hours per day and 5 days per week unless the site is issued a waiver from NWICA for shorter hours of operation.

The nutrition provider shall maintain site cleanliness (including the restrooms), seating and table settings in good condition. The sites should have appropriate lighting and ventilation for the participants.

In order to receive NWICA funding for meals provided, the nutrition contractor shall ensure that all congregate meal sites, including those offered at senior housing facilities, are open to the general public.

**NWICA Nutrition Program Standards**

The following standards should be used as guidelines for the daily operation of NWICA Congregate Nutrition Program.

Each congregate nutrition site shall be neat, clean and have adequate lighting, ventilation and temperature control.

Each congregate site shall be open for at least **four** hours per mealtime; at least one hour before and after the meal to permit all participants to eat a leisurely meal, participate in a social activity and take advantage of other services at the sites.

Each congregate site provides nutrition education to meal site participants twice each month.
Congregate sites will order meals accurately so that less than 5% of meals ordered are wasted.

The congregate site provider will cooperate with NWICA to build program support by developing community awareness, involving churches, organizations and other interested persons.

**Site Administration Requirements**

**Participant Eligibility**

The Older Americans Act mandates that services be directed to those persons 60 years of age or older, who are in the greatest social and economic need. To the maximum extent feasible, the following consumers shall be given preference:

- Older individuals residing in rural areas
- Older individuals with greatest economic need (with particular attention to limited income minority individuals)
- Older individuals with greatest social needs (with particular attention to limited income minority individuals)
- Older individuals with severe disabilities
- Older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caregivers of such individuals)

In addition other older persons who are at risk of losing their independence and the following individuals may receive meals at a NWICA contracted congregate nutrition site:

- A person aged 60 years of age and or older;
- A spouse (any age) of an eligible participant;
- A disabled person under age 60 who resides in housing facilities occupied primarily by the elderly where congregate meals are served;
- A disabled person who resides at home and accompanies an older person to meals;
- Nutrition service volunteers

**Participant Intake**

Each congregate meal site provider is responsible for initiating and maintaining accurate and current participant information. Each provider must have each new participant complete an approved intake form. Each provider is responsible for updating intake information annually to determine each existing customer’s eligibility and to maintain current contact information for participants. (See Nutrition Participant Intake Form in the Forms section.) Vendors may use their own intake form as long as the form contains at least the following information:

- Individual’s name (first and last name), current address, and telephone number;
- Individual’s birth date
- Social Security Number (optional)
Marital Status
- Ethnic origin/race
- Gender
- Income and other financial resources
- Name, address, and phone number of person to contact in case of emergency (NWICA recommends at least two contacts to be listed)

Participant name and proof of age is required to determine program eligibility. Participants may choose not to provide their social security number, but may be served as long as eligibility is determined.

Intake data shall be kept on file as long as the participant is in the program. All participant information shall be maintained in such a manner as not to violate confidentiality.

Nutrition Assessments

As a part of the intake process a Nutrition Assessment must be completed. The “Determine Your Nutritional Health” assessment tool will be used as the assessment tool. (See Nutrition Forms section)

The Nutrition Site Manager or designee at each nutrition site is responsible for assisting the congregate meal participant in completing the nutrition assessment. Each congregate participant should complete the nutritional assessment along with the participant intake form at initial visit and annually thereafter.

Once completed, the Nutrition Site Manager will review the total score and complete the following:

If the score is 0 – 2: Good!

This indicates no nutritional risk therefore the assessment may be filed with the initial and annual intake forms in the client file.

If the score is 3 – 5: Moderate Nutrition Risk!

1. Review the areas of concern and provide the participant with the NOAHnet wellness educational material that pertains to the area of concern. Indicate which documents were provided to the participant in the area listed at the bottom of the assessment. (See Nutrition Forms section)

2. Offer the participant the opportunity for additional nutrition education. If the participant wishes to receive additional education complete then make the referral to the NWICA Nutrition Department by completing the bottom of the form and faxing the completed form to the NWICA Nutrition Department at (219) 794-1860. If the participant does not wish to receive additional education then indicate that on the assessment form and file the assessment in the client file.

If the score is 6 or more: High Nutritional Risk
1. Review the areas of concern and provide the participant with the NOAHnet wellness educational material that pertains to the area of concern. Indicate which documents were provided to the participant in the area listed at the bottom of the assessment.

2. Advise the participant to discuss their nutritional risk with their personal physician. Document on the assessment form that the participant was referred to their personal physician.

Volunteers

Individuals who are under 60 years of age and provide volunteer services during meal hours shall be offered a meal on the same basis as meals are provided to participants. Volunteer means that a minimum of one hour of volunteer service is given on the day the meal is consumed. Staff, employees, and volunteers who are 60 years of age or older may participate in the congregate nutrition program on the same basis as an eligible senior.

Paid staff under 60 years of age may choose to purchase a meal at the full Private Pay Price established by NWICA.

Participant Signatures

Nutrition Program participants are required to sign to verify that they received a meal. Each participant must sign for him/herself if they are able. Husbands cannot sign for wives; wives cannot sign for husbands, etc.

Even if a participant is unable to sign, he or she should make a mark on the sign in sheet. A nutrition program representative may then write the participant’s name next to the mark, followed by the representative’s initials. If the participant is unable to make a mark, a representative may sign for them but the signature must be followed by the representative’s initials.

Nutrition providers should keep, in their files, documentation regarding the reason a participant is unable to sign, so that, should it be questioned during a survey or audit, NWICA can easily obtain the data from the provider regarding the reason someone is signing for a participant.

Confidentiality

Congregate nutrition providers shall ensure the confidentiality of all participants receiving nutrition services within the congregate meal setting.

Participant information should not be disclosed without the individual’s written consent. Participant information will be shared, as the need arises, between the nutrition provider and NWICA.

Congregate providers should not provide access to their participant data to anyone seeking information through questionnaires, polls, assessments, surveys, etc. without prior written approval of NWICA and or the participant.
Pictures of individuals taken at a congregate site or senior activity shall not be published without the participant(s) in the picture signing a release or waiver.

**Participant Contributions**

Nutrition program participants are offered the opportunity to contribute to the cost of the program. Donations to the program are not mandatory, and no participant may be denied a meal regardless of their ability or willingness to contribute. Each Nutrition Program provider is responsible to establish a system for communicating with participants regarding the opportunity to contribute and a system for confidentially collecting contributions. Under no circumstances should another program participant be aware of an individual’s contribution or lack thereof. Program staff do not record or track who has or has not contributed. Under no circumstances is a participant to be made to feel badly about not contributing or to be treated differently in any way based on their level of contribution to the program.

The provision to accept contributions for nutrition services, particularly congregate and home delivered meals, is fundamental to the financial integrity of Older Americans Act Nutrition Programs. Nationally, contributions provide about 20% of the funds used to operate the programs. The Older Americans Act, the Administration on Aging, and State Units on Aging provide specific guidance on the voluntary nature of contributions for nutrition services, as well as guidance in enhancing the level of contributions received. Best practices include offering sliding scales with suggested contribution amounts, providing participants with information on the total cost of the service, and the use of reminder letters for home bound participants.

A fair voluntary contribution system, which is clearly communicated, allows older adults to maintain their dignity and to have ownership of their local program. The perception of the Older Americans Act Nutrition Program as a place where all older adults are welcome, regardless of their income or ability to make a contribution, is a unique strength. An appropriate contribution system helps to promote this perception and keeps the program from being characterized as a “welfare” program only for low-income older adults.

The Older Americans Act does not forbid the use of receipts if receipts are used in an appropriate manner in compliance with protecting the privacy of the older adult.

Donations are not "fees." Fees are perceived as mandatory and are devoid of privacy and confidentiality. It has been the experience of Administration on Aging since the beginning of the Older Americans Act Nutrition Program that if very poor elderly participants perceive that there is a fee for the meals they will stay away from the program. Fees are understood as "charges" in our society. Programs should review their voluntary donation system to ensure that pressure (in the wording on signage, procedures, collections systems, etc.) is not being placed on older Americans to pay a charge instead of making voluntary donations. Of course, older people need to be fully informed of cost associated with provision of a meal so they can make an informed decision about their voluntary donation.
Contribution Requirements for Nutrition Program Providers:

- Set a suggested donation and communicate it in writing to program participants;
- Provide each older person with an opportunity to voluntarily contribute to the cost of the service;
- Protect the privacy of each older person with respect to his or her contributions;
- Establish appropriate procedures to safeguard and account for all contributions;
- Use all nutrition contributions to expand or maintain the program, to provide outreach, nutrition education, and dietary counseling;
- Do not deny an older person a service because the older person cannot or will not contribute to the cost of the service;
- At each meal site, there must be a sign (and in the case of home-delivered meals a brochure or letter) which includes meal costs, source of funds used for programs, and the stipulation that no participant may be denied a meal along with the contribution option the program has decided upon. The signs, brochures or letters should be in large print.
- Regard for dignity not only entails an opportunity to contribute by persons who are able, but also freedom from embarrassment for those who cannot. Accordingly, the methods for receiving contributions must be handled in a manner that does not publicly display the differing contributions of participants. Confidentiality as to contribution level is required.
- Contributions must be counted by two individuals, one of which may be a senior participant.
- Contributions must be safe-guarded by keeping in a locked box, file, safe, etc., until deposited or collected.
- Participants, family members, and/or caretakers must be informed of the cost of providing congregate meal service and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.
- Persons under 60 years of age are considered special guests and must pay the full private pay rate established by NWICA for the meal.
- Any volunteer is entitled to a meal under the same guidelines as a program participant.

Fiscal Policies and Procedures regarding Program Income

The objective of the fiscal policies and procedures regarding program income is to provide reasonable assurance that program income is correctly earned, recorded and used in accordance with program policy to expand Nutrition Program services.

The policies should establish that providers recognize their responsibility for program income. Policies and procedures should include a prohibition against overriding the internal controls in place and should establish realistic targets for the generation of program income.
Internal controls over program income should establish mechanisms to identify the risk of unrecorded or miscoded program income and variances between expected and actual income should be analyzed. Control activities should include:

- clear communication to personnel responsible for program income regarding contribution and collection procedures
- mechanisms to ensure that program income is properly recorded as earned and deposited in the bank as collected
- Procedures for the correct use of program income to expand nutrition services in accordance with the Older Americans Act.
- Information systems should identify program income collection and usage.
- A channel of communication for people to report suspected improprieties in the collection or use of program income.

**Participant Rights and Responsibilities**

The congregate provider shall assure that participants are informed of their rights and responsibilities.

**A. Participant Rights**

Each participant has the following rights:

- To be referred, as necessary and requested, to nutrition and other services including food stamps, transportation, housing, in-home assistance, etc.
- To make comments about needed improvements to the congregate program without fear of retaliation
- To timely information about meal site closing and meal delivery cancellations due to weather, power outages, or other reasons;
- To be treated respectfully and courteously
- To have personal information handled and recorded using methods that ensure confidentiality
- To enjoy meals in a safe and pleasant environment at a congregate site

**B. Participants Responsibility for Nutrition Sites**

For the NWICA congregate sponsored nutrition program, each participant is responsible for making reservations for meals and if necessary, cancellations according to NWICA procedures.

**Congregate Site Memorandums of Understanding**

Some meal site locations are donated as in-kind, some government, city, or local parks may offer a suitable location for the Senior Nutrition Program, therefore a memorandum or a contract is required.

The agreement between the Congregate Meal Site Management provider and the facility owners/program hosts must include the following:
• Agreement on utility/rent payment
• Specific areas and square footage
• Hours opened, days opened, days closed, and seasonal variations
• Responsibility for care and maintenance of the facility (i) sanitation of restrooms and common areas, (ii) cleaning range hoods, fans, furnace vents, etc., and (iii) snow removal on walks
• Responsibility for fire inspections
• Obtaining Health Department permits
• Insurance coverage for items owned by the project
• Personnel liability insurance
• Compliance with all federal, state and local laws
• Security for site equipment and food
• Responsibility for replacement of equipment

Reservation System

NWICA has implemented a written weekly reservation and sign-in procedure for participants to pre-order meals for the congregate meal program at each site. This will provide more accuracy in meals ordered and served at each site.

Each meal site manager is responsible for ensuring that participants make advance reservations for meals. Site managers at each congregate meal site will make the reservation sheet and the menu for the following week available to participants during nutrition program operating hours. *(See Congregate Meal Reservations in Forms Section.)*

Participants should sign their names on the days in which they would like to take part in lunch at the congregate site.

At the end of the week, all reservation forms should be forwarded to the specified contact person at each congregate site management provider office.

The congregate meal site management provider should gather the total number of meals requested per site and complete the meal order form to be forwarded to the contracted caterer.

Ordering Meals from the Caterer

Each caterer will establish a system by which Congregate Meal Site Management providers can order meals for their program. Procedures should be communicated in writing to Meal Site Management Providers. Meal Site Management providers are expected to follow caterer procedures and timelines when ordering meals.

Site Delivery Minimum

All congregate sites receiving meals from an outside caterer must order at least 5 meals. No caterer will be required to deliver an order of less than 5 meals.
Meal Order Changes & Cancellations

It is understood that at times it will be necessary to alter a meal order due to unforeseen circumstances following the order deadline. The following steps should be followed to ensure that order changes for a site are done in a timely and efficient manner:

- Any change to meal orders, which includes any additions or cancellations of meals for a particular site needs to be completed no later than 10am at least 2 business days prior to delivery of meals.

For example: If 10 meals were ordered by site A for Monday, September 26, then the site provider has until Thursday, September 22 at 10am (2 BUSINESS DAYS prior to delivery) to make any changes to the number of meals ordered.

Planned Holidays and Program Closings

Because the Nutrition program provides, for many consumers, the only meal they will consume in a day, NWICA expects Congregate Meal Site Management providers to keep site closings to a reasonable minimum. Congregate Meal Site Management providers are to coordinate with caterers to establish a schedule of planned holidays and other program closings. Sites will be closed any day that the caterer is closed. Sites may opt to close additional days according to their own local needs and schedules. NWICA’s holiday schedule does not need to be considered in this program planning. Congregate Meal Site Management providers should forward their planned closing schedule to the NWICA Nutrition Coordinator in December of each year for the upcoming year.

If the need for additional planned closings arises after the schedule has been submitted, please notify the NWICA Nutrition Coordinator as soon as possible.

Weather and Emergency Closings

Occasionally inclement weather may create the need to close congregate nutrition sites. This will happen to ensure the safety of our participants and nutrition provider staff. NWICA provides shelf stable emergency meals to nutrition program participants for this purpose. (See Shelf-Stable Emergency Meals section) Cancellations will be as follows:

Cancellations by the Congregate Meal Site Management provider:

- If a nutrition provider has decided/been informed that a nutrition site facility will be closed due to weather, they must contact the caterer for cancellation of meals by 6:30 am. A voice message is not an acceptable form of confirmation of cancellation.
- When cancellations are made after 6:30 am, meal costs will be charged to the Congregate Meal Site Management provider.

Cancellations by the Caterer:
• If a caterer decides to close their operation due to weather, they must inform the Congregate Meal Site Management providers by 6:30am.
• Congregate Meal Site programs are closed when the caterer is closed.

_NWICA Nutrition Program staff will distribute updated Emergency Contact information for all providers each year._

_Food Safety and Sanitation_
Food safety and sanitation is important to older consumers who are more likely to be vulnerable to food-borne illness. It is critical that food temperatures are maintained.

• Hot foods should be maintained and served at 140°F or above
• Cold foods at 40°F or below

To ensure that food safety is maintained, the following food temperature check should take place when the meals are delivered and when the meals are served. (If meals are served as soon as they are delivered it is only necessary to record one temperature.)

• Clean and sanitize the thermometer by washing the thermometer in clean, soapy water. Sanitize with an alcohol wipe or in a sanitizer solution such as 1 part chlorine bleach to 10 parts water. Allow thermometer to air dry before inserting into food items. Do not dry with a towel or other material as these items often harbor bacteria.
• Peel back a small portion of the film covering the food container or poke a small hole through the film.
• Insert the probe into the food product. Make sure the sensing tip of the thermometer does not touch the side or bottom of the food container. The container may be a different temperature than the food which may give a false reading.
• Allow time for the thermometer to stabilize. Wait for needle to stop and then wait 15 more seconds.
• Record the temperature of each food item on the daily delivery sheet.
• Check the temperature for each menu course. (Bread temperature does not need to be recorded).
• Wash and sanitize the thermometer between each product checked. Allow thermometer to air dry before placing it into the next food item. Do not dry with a towel or other material as these items often harbor bacteria.
• Temperature of meals shall be taken and recorded upon receipt of the food and just prior to serving to ensure proper temperatures are maintained.

_FYI: Calibrating a Thermometer_

_Immerse the thermometer probe at least two inches into a glass of crushed ice. Add cold tap water to remove air pockets. Wait at least 30 seconds. The gauge should read 32 degrees Fahrenheit; if not; adjust it according to manufacturer’s specifications._
Appropriate temperatures shall be maintained throughout the period of meal service. In order to retain maximum nutritional value and food quality, foods should be served as soon as possible or kept in a heating unit to maintain temperatures. Holding time shall not exceed two hours.

If meals do not meet the correct temperature, transfer hot foods directly to an oven, steam table, or other holding unit. Oven should be kept at temperatures between 150°F – 180°F to maintain temperatures of meals. Transfer cold foods to the refrigerator or freezer, as appropriate.

All sites are required to have a heating unit: oven, steam table, commercial holding unit or microwave. If a congregate meal site does not have access to one of these heating sources, please inform NWICA Nutrition Program staff as soon as possible.

Handling Meals

Because of the risk of food borne illness inherent to the food service operation, each caterer and congregate site will identify a person to be in charge who can demonstrate knowledge of food borne disease prevention and other related principles. A designated individual must be present at the food service site during all hours of operation. Any staff member who is in food service management position and is responsible for food service monitoring/inspections must have successfully completed NWICA approved food safety training. The Caterer/Congregate Meal Site Management provider shall maintain documentation of course completion and certification of all applicable staff.

All nutrition providers shall ensure that all nutrition program staff who participate in the preparation, serving and/or clean up of meals have current food service sanitation certification.

The Nutrition Provider shall ensure that:

- Staff and volunteers are effectively cleaning their hands, by routinely monitoring the staff/volunteers’ hand washing.
- Staff and volunteers are properly receiving, storing and preparing foods, especially potentially hazardous foods.
- Staff are preventing cross-contamination of foods.
- Staff are not having direct hand contact with ready-to-eat foods. Food service employees shall wear food service gloves to effectively keep their hands from contacting food, equipment or utensils.
- The food service operation is maintained in a clean, safe condition, and the facility and equipment are in good repair.
- Staff and volunteers are properly trained in food safety as it relates to their assigned duties.
- Staff and volunteers understand and report disease or medical conditions that are transmissible through food.
- Food service employees shall wear clean outer clothing to prevent contamination of food, equipment or utensils.
• Food service employees shall wear hair restraints such as hair coverings or nets designed and worn to effectively keep their hair from contacting exposed food, equipment or utensils.
• Food service employees and volunteers should report to their immediate supervisor if they have any of the following:
  o Vomiting, diarrhea, fever or sore throat
  o Salmonella, Shigella, E. coli, Hepatitis A, or other intestinal illness diagnosed by a doctor
  o Open, blistered or infected burns, boils, cuts, etc.
  o Persistent sneezing, coughing or a runny nose

**Daily Meal Delivery**

Meals shall be delivered to each nutrition provider within the specified timeframe negotiated between the provider and the meal preparation/catering vendor. Meals will be packed, delivered and held at appropriate temperatures until meals are ready to be served.

All site managers or volunteer staff must complete and sign a meal delivery ticket at the time the driver delivers meals to each congregate meal site. All congregate sites should retain a copy of the delivery ticket for meal verification purposes. The site manager’s signature on the delivery ticket will confirm the following:

• The number of meals delivered
• Menu items in accordance with the approved monthly menu
• The temperature at which meals arrived at site and the temperature at which meals were served
• And any comments or recommendations regarding the daily meal

If any problems or concerns arise at the time of meal delivery, please notify the meal preparation/catering vendor as soon as possible. If concerns are not resolved satisfactorily between the meal site and the caterer, NWICA Nutrition Program staff should be contacted.

**Meal Service Procedures**

Lunch shall be served at the dining sites between 11:30 am and 12:30 pm unless specific dining site has prior authorization from NWICA to provide meals at a different or extended time.

Providers will ensure that each participant at the congregate program has the opportunity to enjoy meals in an unhurried, pleasant environment.

A. **Equipment**

Food service equipment used in the production and warming of meals shall meet the following standards set forth by NWICA:

• Equipment should be kept clean and free of debris and breaks.
• All equipment should be in good repair and in operation. Nutrition providers will work in collaboration with facility owners or management to facilitate equipment needs.
• Nutrition providers shall provide food temperature measuring devices and have procedures in place to keep items clean and sanitized.

B. Dining Environment

Individual meals served at congregate site locations shall meet the following meal service criteria:

Participants shall enjoy meals in an unhurried, pleasant environment

Tables and chairs shall be arranged in such a manner that participants, volunteers or staff can easily walk around and obtain or receive meals.

Nutrition providers are encouraged to arrange table tops with appropriate centerpieces and tablecloths or placemats to give a warm, cozy eating environment

Dining areas should refrain from having a television or video player (unless there is a special news bulletin or special activity programming) during the meals in order to encourage increased socialization.

C. Dining Serving Style

Participants shall be served by staff or trained volunteers. Buffet style service, in which participants serve themselves, is not allowable.

D. Portion Control

Participants shall be served the portion size as indicated on the approved NWICA menu to meet the required meal pattern. Each participant shall receive all the required meal pattern food items. Attempting to serve additional meals by reducing portion sizes is not allowable.

E. Left over Food

Every effort shall be made to minimize leftover food. If there is food left after every eligible participant has been served, participants will be offered the opportunity for second servings. After all eligible participants have been offered the opportunity for additional servings; staff may be offered the opportunity to purchase a meal at the full private pay price established by NWICA.

Once everyone has been offered the opportunity to eat, all leftovers must be discarded. No leftovers should be stored at a congregate nutrition site and leftover food shall not be used to extend future meals

F. Removal of Food from the Congregate Dining Site
Carry out meals from nutrition sites are not allowable. According to the Older American’s Act, one of the goals of the congregate nutrition program is to facilitate socialization among isolated older adult, therefore congregate meals are to be consumed in the congregate setting.

NWICA will allow site participants to remove foods that are packaged and not potentially hazardous. Foods that may be removed are fresh fruit, and prepackaged foods, such as bread, crackers, cookies, desserts and juice.

The procedure for the removal of food by dining site participants shall be posted in the dining area.

**Participant Satisfaction Surveys**

The Indiana Association of Areas Agencies on Aging has mandated a survey procedure that is applicable to all Area Agencies on Aging across the state of Indiana. All contracted providers will be responsible for the implementation and collection of the IAAAA client satisfaction survey to all participating consumers in the home delivered meal and congregate meal site programs.

This will give participants the opportunity to evaluate the nutrition program and their level of satisfaction at least annually.

Each nutrition provider shall administer the HDM and Congregate Meals Site each year. The standardized survey was developed by IAAAA and may not be altered in any way without approval.

The Congregate Site and HDM surveys should be completed during the month of January, with follow-up no later February.

All surveys should be returned to the NWICA Nutrition Program by March 1st.

The NWICA Nutrition Program will collect and tabulate the results for each area. NWICA will submit the aggregated results to IAAAA for statewide comparison.

NWICA will share with congregate nutrition providers the statewide comparisons and survey findings once compiled by IAAAA.

NWICA will keep survey responses and any resulting action plans on file at NWICA’s central office for one year.

**Shelf-Stable Emergency Meals**

Emergency meals are shelf-stable ready-to-eat food products. NWICA may provide shelf-stable meal packages to congregate meal site management providers for distribution to and use by nutrition site participants in the event of severe weather or other emergency situations. An informational handout will be provided to instruct participants on when and how they should use their emergency meal packages.

Congregate meal participants should be advised to keep emergency meals at home in case of inclement weather.
The package will contain emergency meals sufficient to sustain each participant for 1 to 2 days.

NWICA will ensure that the emergency meal packages meet RDA requirements and, as much as possible, match the regular menu pattern.

At the designated time, NWICA Nutrition Program staff will provide each contracted nutrition provider with an order form for emergency meals.

The order should reflect the number of shelf stable meals needed for Congregate participants and HDM participants that are served by the provider under the Title IIIC programs. Providers may purchase, with provider funds, additional emergency meals for other consumers in need of emergency meals. These arrangements should be made with NWICA Nutrition Program staff during the ordering process. Order forms should be returned to NWICA within the specified timeframe.

NWICA nutrition program staff will complete the process of choosing a vendor and purchasing emergency meals in accordance with NWICA fiscal procedures.

Once a vendor is chosen and meals are ordered, NWICA nutrition program staff will forward details in writing regarding the delivery of the meals to each identified area. This information will include the name of the vendor, the number of meals ordered, the expected delivery date and shipping information. NWICA will make every effort to arrange for meals to be delivered inside each facility.

Each nutrition provider will ensure that participants receive meals by developing a signature receipt process. This information should be kept at provider’s main office for monitoring purposes.

Menu Distribution
Northwest Indiana Community Action Nutrition Program will adhere to all requirements regarding the Nutrition Program procedure for ensuring proper menu development, formatting and distribution in accordance to the NWICA Service Provider Manual and the FSSA Division of Aging Operations Manual, revised version 5/01/09.

A. Menu Cycle
NWICA Nutrition Program Services (Congregate & Home Delivered Meal Programs) utilizes a seasonal menu cycles. Those cycles are as follows: Spring/Summer which typically runs from through the months of April to September. The Fall/Winter menu cycle runs from October to March.

The NWICA Nutrition Supervisor will notify and request each contracted Meal Prep/Caterer 90 days in advance of new menu cycle start date. All Meal Prep/Caterers are required to have the identified menu cycle, accompanying nutritional analysis and if requested recipes, forwarded to the NWICA Nutrition Supervisor 90 days prior to menu cycle start date.

Example:

Spring/Summer Menu Cycle
Nutrition Supervisor makes request to all Meal Prep/Caterers for Spring/Summer Menu Cycle by January 1st. Menu should arrive for review no later than February 1.

Fall/Winter Menu Cycle

Nutrition Supervisor makes request to all Meal Prep/Caterers for Fall/Winter Menu Cycle by June 1st. Menu should arrive for review no later than August 1.

B. Menu Approval
Once menus and all attachments are submitted to NWICA Nutrition Supervisor, the Nutrition Supervisor copies all caterer prepared menus and analysis. Then the Supervisor completes a NWICA Dietitian Menu Approval Form which is located in your NWICA Service Provider Manual. (The Nutrition Supervisor identifies which cycle is being forwarded; Caterer, Caterer Contact and Number and Nutrition Supervisor date is then forwarded to RD.)

The Nutrition Supervisor then forwards copies of the following items to the contracted Registered Dietitian for approval and response:

• Identified Menu Cycle
• Nutritional Analysis
• If applicable, any cycle recipes
• NWICA Dietitian Menu Approval Form

Nutrition Supervisor can coordinate with RD the best method of sending items, via fax, mail, or e-mail are all options if available.

The Registered Dietitian will review the menu and complete the Nutritional Analysis in accordance with the DRI requirements effective 5/2009, Division of Aging Policy and Procedure Manual, regarding Nutrition Services.

The Registered Dietitian will then return the final approval and comments to the Nutrition Supervisor on the NWICA Dietitian Menu Approval Form, which should be submitted no later than 4 weeks in advance of implementation date of the menu.

C. Formatting Menu
If necessary each Meal Prep/Caterers approved menu cycles will need to be formatted monthly. This will be the responsibility of the Nutrition Supervisor. A sample format will be provided for the Supervisor’s filing purposes.

Once the identified monthly format is complete, the Nutrition Supervisor will forward via e-mail a copy of the monthly menu to each identified Meal Prep/Caterer contact person for review. Once monthly menu is approved, the Nutrition Supervisor should prepare for menu distribution.
D. Menu Distribution
The Nutrition Supervisor will distribute the appropriate monthly menu to each provider and news publication for consumer distribution throughout our planning and service area. The best method of distribution can be determined by the Nutrition Supervisor, i.e., fax, mail, or e-mail.

The following distribution list is subject to change. The Nutrition Supervisor should update this list annually.

**Rural Co. Menu Distribution Contacts**

<table>
<thead>
<tr>
<th>Rural Nutrition Providers</th>
<th>Jasper Co.</th>
<th><a href="mailto:scoop@yourjccs.org">scoop@yourjccs.org</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackie Frain</td>
<td>Pulaski Co.</td>
<td><a href="mailto:pchsfrain@embarqmail.com">pchsfrain@embarqmail.com</a></td>
</tr>
<tr>
<td>Joan Haugh</td>
<td>Starke Co.</td>
<td><a href="mailto:jhaughcscs@embarqmail.com">jhaughcscs@embarqmail.com</a></td>
</tr>
<tr>
<td>Debbie Wessels</td>
<td>Newton Co.</td>
<td><a href="mailto:dir@nccs-inc.org">dir@nccs-inc.org</a></td>
</tr>
</tbody>
</table>

**Rural Caterer**

<table>
<thead>
<tr>
<th></th>
<th>Midland Meals</th>
<th><a href="mailto:elaineb@midlandmeals.com">elaineb@midlandmeals.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Elaine Brovant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sandy Bretnacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Todd Wilson</td>
<td>Devon Restaurant</td>
<td><a href="mailto:devonsrest@rhsi.tv">devonsrest@rhsi.tv</a></td>
</tr>
</tbody>
</table>

**Lake & Porter Co. Menu Distribution Contacts**

<table>
<thead>
<tr>
<th>Lake &amp; Porter Co. Providers</th>
<th>Greater Hammond</th>
<th><a href="mailto:lscenter2@yahoo.com">lscenter2@yahoo.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa Christian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Margot Sabato</td>
<td>South Lake Co.</td>
<td><a href="mailto:slccs@slccs.com">slccs@slccs.com</a></td>
</tr>
<tr>
<td>Bruce Lindner</td>
<td>Porter Co.</td>
<td><a href="mailto:bhlindner@frontier.com">bhlindner@frontier.com</a></td>
</tr>
<tr>
<td>Judy Peracki</td>
<td>Porter Co.</td>
<td><a href="mailto:jperacki@frontier.com">jperacki@frontier.com</a></td>
</tr>
<tr>
<td>Minetta Nelson</td>
<td>Gary Health Foundation</td>
<td><a href="mailto:Mnelson2452@comcast.net">Mnelson2452@comcast.net</a></td>
</tr>
<tr>
<td>Terri Martin</td>
<td>Gary Health Foundation</td>
<td><a href="mailto:gchfinc@sbcglobal.net">gchfinc@sbcglobal.net</a></td>
</tr>
<tr>
<td>Denise Brown</td>
<td>YWCA of Northwest Indiana</td>
<td><a href="mailto:denisebrown@ywcanwi.org">denisebrown@ywcanwi.org</a></td>
</tr>
</tbody>
</table>

**Lake & Porter Co. Caterer**

<table>
<thead>
<tr>
<th>Kris Woodke</th>
<th>Meals on Wheels</th>
<th><a href="mailto:kris@mealsonwheelsnwwindiana.org">kris@mealsonwheelsnwwindiana.org</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sara Olejniczak</td>
<td>Pines Village</td>
<td><a href="mailto:s.olejniczak@pinesvillage.org">s.olejniczak@pinesvillage.org</a></td>
</tr>
<tr>
<td>Janet Clem</td>
<td>Bonner Senior Center</td>
<td><a href="mailto:bonnercenter@portagetrustee.org">bonnercenter@portagetrustee.org</a></td>
</tr>
</tbody>
</table>

**Lake & Porter Publications**

<table>
<thead>
<tr>
<th>Deb Patterson</th>
<th>Rural Pub. Contact</th>
<th><a href="mailto:dpatterson@the-papers.com">dpatterson@the-papers.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Karin Satanovitz</td>
<td>NWI Times</td>
<td><a href="mailto:nwifeatures@gmail.com">nwifeatures@gmail.com</a> <a href="mailto:karinsatanovitz@nwi.com">karinsatanovitz@nwi.com</a></td>
</tr>
<tr>
<td>Community Editor</td>
<td>Chesterton Tribune</td>
<td><a href="mailto:news@chestertontribune.com">news@chestertontribune.com</a></td>
</tr>
<tr>
<td>Val Johnson</td>
<td>Post Tribune</td>
<td><a href="mailto:vjohnson@post-trib.com">vjohnson@post-trib.com</a></td>
</tr>
</tbody>
</table>

39
**Nutrition Data Entry Procedures**

Nutrition Education Data should be uploaded to NWICA’s nutrition staff via SharePoint along with weekly rosters. (Nutrition Education Data should include signatures and date provided.) Collecting Nutrition Education data can be completed in a few different ways. The following two methods are recommended:

1. On the top of the meal roster, you may put the date that education was provided to the participants and the title of the education.

2. Copy the week’s roster twice and use the extra roster for the signatures for the Nutrition education. You will still need to title the roster “Nutrition Education Roster” and be sure to include the title of the education that was provided.

All required nutrition education documentation will need to be submitted along with monthly invoice. The only items uploaded to the Nutrition Staff will be the meal roster and the education roster (if used separately). All other documentation will need to be submitted with the monthly invoice.
**Nutrition Forms**

- Nutrition Participant Intake Form
- Nutrition Risk Assessment Form
- Nutrition Risk Assessment Educational Handouts
- Congregate Daily Donation Report
- HDM Signatures
- Monthly Invoice – Congregate
- Monthly Invoice – Home Delivered (NAPIS)
- Monthly Invoice – Home Delivered (no NAPIS)
- Cash Match/Project Income
- In-Kind Report
- Participant Weekly Reservation Form
- Meal Order Form
- Meal Roster sign-in sheet
- Volunteer Sign-in Form
- Dietitian Menu Approval Form

Please note: Many of these forms will change as new procedures are implemented to accommodate the new SAMS software.
## Participant Intake Form

<table>
<thead>
<tr>
<th>Client:</th>
<th>Client ID/SS#:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Apt.#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State: IN</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Cell/Work Phone:</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Primary Language Spoken:

### Emergency Contact #1:

<table>
<thead>
<tr>
<th>Home Phone #1:</th>
<th>Cell/Work Phone #2:</th>
</tr>
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<tbody>
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</tr>
</tbody>
</table>

### Emergency Contact #2:

<table>
<thead>
<tr>
<th>Home Phone #1:</th>
<th>Cell/Work Phone #2:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### DOB:

<table>
<thead>
<tr>
<th>Age:</th>
<th>Sex:</th>
<th>Veteran:</th>
<th>Marital Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Y</td>
<td>Widow, Married, Divorced, Single, Separated, Unknown</td>
</tr>
</tbody>
</table>

### Ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

### Race that Applies:

- Asian Indian
- African American
- Puerto Rican
- American Indian
- Caucasian
- Filipino
- Alaska Native
- Chinese
- Other Hispanic
- Korean
- Cuban
- Other Asian
- Samoan
- Mexican
- Other Pacific Islander
- Vietnamese
- Japanese
- Other Race

### Education:

- Some High School, Not Completed
- High School Diploma
- GED
- Vocational/Technical Program
- Some College
- BA/BS Degree
- Other: _______________________________________

### Is your annual income above or below $16,245 per year? 

- Above: __________  
- Below: __________

### No. in Household:

- Foster Home (Adult Foster Care)
- Lives alone
- Lives with extended family
- Lives with parents
- Lives with spouse

### Location:

- Family/Relative Home
- Foster Home
- Own Home
- Apartment/Highrise

### Provider Staff: | Date Completed:
<table>
<thead>
<tr>
<th></th>
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<tbody>
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<td></td>
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</table>
NUTRITION RISK ASSESSMENT

NAME: ________________________________

Please take a couple of minutes to complete the survey below. Circle the response that best describes your situation.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Is there an illness or condition that has changed the kind and/or amount of food you eat?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>2. Do you eat fewer than 2 meals per day?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>3. Do you include fruits, vegetables, and milk in your diet daily? Minimum: 2 servings fruits/fruit juice, 3 servings milk or milk products, 2.5 servings vegetables</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>4. Do you drink 3 or more drinks of beer, liquor, or wine almost every day?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>5. Do you have tooth or mouth problems that mark it hard to eat?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>6. Do you always have money to purchase the food you need?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>7. Do you eat alone most of the time?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>8. Do you take 3 or more different prescribed or over-the-counter drugs a day?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>9. Without wanting or trying to, have you gained or lost 10 pounds in the last 6 months?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>10. Are you always physically able to shop, cook, and/or feed yourself?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total the scores of all items circled and record here:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>0 – 2</strong></td>
<td>Good! Not at Nutrition Risk</td>
</tr>
<tr>
<td><strong>3 – 5</strong></td>
<td>You are at Moderate Nutritional Risk</td>
</tr>
<tr>
<td><strong>6 or more</strong></td>
<td>You are at High Nutritional Risk</td>
</tr>
</tbody>
</table>

I have reviewed this with the Site Manager, and I understand I should consult with a physician or another medical professional if my score is at Moderate to High Risk. I have also been provided with a list of Registered Dietitians for personal consultation purposes and a copy of the Nutrition and Health Checklist that provides me with information to meet my nutritional needs.

Client Signature ____________________________________________________________________________

Site Manager Signature ______________________________________________________________________

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Nutrition and Health Checklist – Tip #1

“I have an illness or condition that made me change the kind and/or amount of food I eat.”

If you have diabetes, high blood pressure, heart disease, cancer or other diet-related condition, then contact your local hospital or health department to meet with a Registered Dietitian. They can help you plan your meals to help manage your health condition. Also, contact your local Senior Center to attend nutrition and education programs each month. These programs provide tips and recipes for healthy eating.

Here are some other tips that might help.

If you get tired when you cook, try:
- Easy-to-fix snacks and foods like fresh fruit, whole-grain cereals, crackers, cheese, peanut butter, hearty soups, yogurt, and milk.
- Asking your family to bring leftovers to your house and eat them later.
- Having Meals on Wheels delivered right to your home.
- Asking your church for help.

If you don’t like to cook or don’t have time to cook, try:
- Frozen dinners or pre-cooked foods and meals.
- Instant oatmeal, soups, and pasta or rice mixes.
- “Eating out” at the senior center.
- Taking turns cooking and shopping with friends and family.
- Sharing pot-luck suppers with friends.

If you get full fast, or can’t eat much at one time, try:
- Eating three small meals and small snacks in between.
- To make each bite count. Avoid foods high in sugar or high in fat.

2004, Dept. of Foods and Nutrition, The University of Georgia, Athens, GA 30602-3622, 706-542-4838
http://www.arches.uga.edu/~noahnet
Prepared by Suzanne Elbon, Ph.D., M.Ed., R.D., L.D.
Reviewed by Mary Ann Johnson, Ph.D., Tiffany Sellers, B.S., Joan Fischer, Ph.D., R.D., L.D.
Nutrition and Health Checklist – Tip #2

“I eat fewer than two meals per day.”

When we eat less than two meals a day, it is hard to get enough protein, vitamins and minerals for your body to be strong and healthy.

Here are some tips that might help.

If you get tired when you cook, try:
- Easy-to-fix snacks and foods like fresh fruit, whole-grain cereals, crackers, cheese, peanut butter, hearty soups, yogurt, and milk.
- Asking your family to bring leftovers to your house and eat them later.
- Having Meals on Wheels delivered right to your home.
- Checking your church for help.

If you don’t like to cook or don’t have time to cook, try:
- Frozen dinners or pre-cooked foods and meals.
- Instant oatmeal, soups, and pasta or rice mixes.
- “Eating out” at the senior center.
- Taking turns cooking and shopping with friends and family.
- Sharing pot-luck suppers with friends.

If you get full fast, or can’t eat much at one time, try:
- Eating three small meals and small snacks in between.
- To make each bite count. Avoid foods high in sugar or high in fat.

2004, Dept. of Foods and Nutrition, The University of Georgia, Athens, GA 30602-3422, 706-542-4838
http://www.arches.uga.edu/~noahnet
Prepared by Suzanne Elbon, Ph.D., M.Ed., R.D., L.D.
Reviewed by Mary Ann Johnson, Ph.D., Tiffany Sellers, B.S., Joan Fischer, Ph.D., R.D., L.D.
Nutrition and Health Checklist – Tip #3

“I eat few fruits, vegetables or milk products.”

Fruits and vegetables and dairy foods keep our bodies strong and healthy.

Here are some tips that might help you eat more of these foods.

#### Eat at least 5 servings of fruits and vegetables each day.
- Use fresh, frozen, canned or dried fruits and vegetables.
- Try unsweetened fruit juices as a drink.
- To get “5 a day,” eat fruits or vegetables at each meal, and 2 for snacks.
- A serving of fruits or vegetables is ½ cup – the size of a tennis ball.

#### Eat or drink at least 2 servings of milk or other dairy products each day.
- Milk, yogurt, cottage cheese, and cheese are all dairy products.
- Buy low-fat dairy products to make a healthy choice.
- How big is 1 serving?
  - Milk or yogurt is 1 cup.
  - Cottage cheese is ½ cup.
  - Cheese is 1½ ounces – the size of 3 dominos.

#### If milk gives you gas, cramps or diarrhea:
- Use dairy products that say “lactose-free” on the label.
- Try calcium-fortified soy-milk in place of cow’s milk.
- Drink smaller amounts of milk more often.

#### Try these healthy foods:
- Add vegetables to soups, stews or casseroles.
- Top yogurt with fruit and sprinkle with cereal to make a fruit sundae.
- Add vegetables to homemade breads – like zucchini or squash bread.

2004, Dept. of Foods and Nutrition, The University of Georgia, Athens, GA 30602-3622, 706-542-4838
http://www.arches.uga.edu/~noahnet
Prepared by Suzanne Elbon, Ph.D., M.Ed., R.D., L.D.
Reviewed by Mary Ann Johnson, Ph.D., Tiffany Sellers, B.S., Joan Fischer, Ph.D., R.D., L.D.
Nutrition and Health Checklist – Tip #4

"I have three or more drinks of beer, liquor or wine almost every day."

Some health experts say drinking alcohol in small amounts may be good for your health. Health experts also say that too much alcohol can hurt your brain, heart, liver, and other organs, increase the risk of falling, impair driving, and cause problems with medicines. Be wise when it comes to drinking alcohol.

Here are some tips for being wise about alcohol.

If you drink alcohol, be sure to also eat healthy meals.
- Do eat a variety of foods from all the food groups.
- Don't drink alcohol in place of healthy meals.

Ask your doctor if it is OK to drink alcohol with the medicines you are taking. Check both your over-the-counter and your prescription medicines. Alcohol may keep your medicines from working or cause side-effects that harm your body.

If you drink alcohol, then drink in moderation. That means drinking no more than:
- 1 drink per day for women.
- 2 drinks per day for men.

How much is 1 drink?
- A drink of beer is a 12 ounce can or bottle.
- A drink of wine is 5 ounces.
- A drink of liquor is 1.5 ounces (either straight or in a mixed drink).

2004, Dept. of Foods and Nutrition, The University of Georgia, Athens, GA 30602-3622, 706-542-4838
http://www.arches.uga.edu/~noahnet
Prepared by Suzanne Elbon, Ph.D., M.Ed., R.D., L.D.
Reviewed by Mary Ann Johnson, Ph.D., Tiffany Sellers, B.S., Joan Fischer, Ph.D., R.D., L.D.
Nutrition and Health Checklist – Tip #5

“I have tooth or mouth problems that make it hard for me to eat.”

It is hard to eat if your teeth hurt or if they are loose. If you wear dentures, it is hard to eat if they don’t fit well. A dry mouth or mouth sores make it hard to chew or swallow.

Here are some tips that might help.

Talk to your doctor about any problems you have with chewing or swallowing. Ask your doctor if you should see a dentist.

<table>
<thead>
<tr>
<th>If you have trouble swallowing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Add gravies, sauces, or broth to dry foods to make them moist.</td>
</tr>
<tr>
<td>- Chew foods very well before swallowing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you have trouble chewing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Eat soft foods like casseroles, yogurt, soft cheeses, mashed potatoes, applesauce, and puddings.</td>
</tr>
<tr>
<td>- Chop or grind up meats or other tough foods to make it easier to chew.</td>
</tr>
<tr>
<td>- Eat cooked or soft vegetables and fruits.</td>
</tr>
<tr>
<td>- If you have a blender, blend foods to make them easier to chew and swallow. Add a small amount of water or broth to blended meats or vegetables to make them smoother.</td>
</tr>
<tr>
<td>- Make a fruit “smoothie” with frozen fruit and milk or yogurt. Add peanut butter or dry milk powder for protein.</td>
</tr>
<tr>
<td>- Try hot cereals and hearty soups.</td>
</tr>
<tr>
<td>- Try using eggs as a main dish.</td>
</tr>
</tbody>
</table>

2004, Dept. of Foods and Nutrition, The University of Georgia, Athens, GA 30602-3422, 706-542-4831
http://www.arches.uga.edu/~noahnet
Prepared by Susanne Elton, Ph.D., M.Ed., R.D., L.D.
Reviewed by Mary Ann Johnson, Ph.D., Tiffany Sellers, B.S., Joan Fischer, Ph.D., R.D., L.D.
“I don’t always have enough money to buy the food I need.”

Check with your local food bank, Social Security Office, Area Agency on Aging, Senior Center, health department, or church for help. It can be hard to ask for help, but is very important to get the foods you need to stay healthy. There are many things you can do to cut food costs.

Here are some tips that might help.

**Plan meals wisely to lower food costs.**
- Buy fresh fruits and vegetables when they are in season. They cost less in season.
- Canned meats or stews, beans, eggs, turkey and chicken make great low-cost main dishes.
- Use coupons from the newspaper to save at the grocery store.
- Cook and eat at home instead of eating out.
- Go in together with friends or family to buy larger quantities and then split them up.

**Ask people and groups around you for help.**
- Eat lunch at your local senior center. It makes a meal fun.
- When your family or friends ask you if there is something you need, ask for a bag of groceries or gifts of food.
- Check with your local food bank, Social Security Office, Area Agency on Aging, Senior Center, health department or church for help.
- Consider applying for food stamps. Many older adults qualify.
Nutrition and Health Checklist – Tip #7

“I eat alone most of the time.”

Many people don’t like to eat alone or cook just for one. Often it is easier to eat snacks rather than a meal. Many snack foods are high in salt, sugar, and fat, but low in the nutrients your body needs to stay healthy. Find ways to make meals fun and healthy.

Here are some tips that might help.

**Things you can do at home:**
- Watch TV or listen to the radio while you eat to make it feel like someone is there with you.
- Ask a friend or relative to call around meal time. Talk to them while you eat.
- Sit at the table and set your place with a placemat and a fresh flower from outside. Make it a special meal just for you.

**Things you can do to include other people:**
- Have lunch at your senior center to meet new people and enjoy the activities.
- Ask a friend or neighbor over to share a meal. You’ll have fun and split the cost.
- Ask your grandchildren over for a meal and teach them how to make your favorite recipe.
- Get a group of people together for a pot-luck. Share the leftovers.
- Attend pot-luck suppers at your church.
- Go grocery shopping with a friend. Then cook and share a meal together.

2004, Dept. of Foods and Nutrition, The University of Georgia, Athens, GA 30602-3622, 706-542-4838

http://www.arches.uga.edu/~noahnet

Prepared by Suzanne Elbon, Ph.D., M.Ed., R.D., L.D.
Reviewed by Mary Ann Johnson, Ph.D., Tiffany Sellers, B.S., Joan Fischer, Ph.D., R.D., L.D.
Nutrition and Health Checklist – Tip #8

“I take three or more different prescribed or over-the-counter drugs a day.”

Some medicines can change your appetite. Some change the way food tastes or smells. Some medicines make you feel bad. Some medicines may change what you are allowed to eat or drink.

Here are some tips that might help.

<table>
<thead>
<tr>
<th>Talk to your doctor or pharmacist about your medicines.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• They can help if the medicines you take are causing problems.</td>
</tr>
<tr>
<td>• Tell them about the over-the-counter medicines you take, too. Include pain killers, laxatives, vitamins, minerals, herbs, and other supplements.</td>
</tr>
<tr>
<td>• Your doctor might change your medicine to one that doesn’t cause problems.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Keep a list of the medicines you take with you. Include over-the-counter products, too. The list should say:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The name of each medicine.</td>
</tr>
<tr>
<td>• How much you take.</td>
</tr>
<tr>
<td>• How often you take it.</td>
</tr>
<tr>
<td>• What it looks like – color, shape, and size.</td>
</tr>
<tr>
<td>• The name of the doctor who prescribed the medicine.</td>
</tr>
<tr>
<td>• The pharmacy or store where you buy the medicine or over-the-counter product.</td>
</tr>
</tbody>
</table>

Remember: Take only your medicine. Don’t share your medicine with others.

2004, Dept. of Foods and Nutrition, The University of Georgia, Athens, GA 30602-3622, 706-542-4834
http://www.arches.uga.edu/~noahnet
Prepared by Suzanne Elbon, Ph.D., M.Ed., R.D., L.D.
Reviewed by Mary Ann Johnson, Ph.D., Tiffany Sellers, B.S., Joan Fischer, Ph.D., R.D., L.D.
“Without wanting to, I have lost or gained 10 pounds in the last six months.”

When your weight stays about the same, it is a sign of good health. If your weight changes without you trying, then you may have a health problem.

When your weight goes up too fast, it is a sign you may be eating too much. When your weight goes down too fast, it is a sign you may not be eating enough. Tell your doctor about the change in your weight. There may be a medical reason for your weight change. Ask your doctor if you should talk to a Registered Dietitian about planning meals to meet your needs.

Here are some tips that might help.

If you are losing weight too fast:
- Plan and eat three healthy meals each day.
- Add snacks between meals. Try half a sandwich, peanut butter or cheese and crackers or a bowl of cereal, pudding, yogurt, and ice cream.
- Add sauces and gravies to meals.

If you are gaining weight too fast:
- Cut back on the amount of food you eat at each meal.
- Eat fewer snacks.
- If you do snack, choose apples, carrot or celery sticks, or other crunchy fruits and vegetables.
- Choose baked or broiled foods instead of fried foods.
- Choose fresh fruit for dessert instead of pies, cakes or cookies.
- Exercise about 30 minutes each day. Walking, light gardening, dancing or chasing your grandchildren around the house are all great ways to exercise.
Nutrition and Health Checklist – Tip #10

“I am not always physically able to shop, cook and/or feed myself.”

Here are some tips that might help.

Things you can do for yourself at home:
- When you are able, make meals ahead and freeze them for later.
- If you have leftovers, make an extra plate to eat in the next couple of days.
- Keep easy-to-fix snacks and foods on hand for the days you don’t feel like cooking. Try foods like fresh fruit, whole-grain cereals, crackers, cheese, peanut butter, hearty soups, yogurt, and milk.

Family and friends want to help you but don’t want to “butt-in.” Go ahead and take them up on their offers.
- Let your family and friends help with grocery shopping and preparing meals.
- Ask your family and friends if they will bring you meals that can be frozen and eaten later.
- Talk to people at your senior center to find out about services that can help you get the food and meals you need. Sometimes meals can be delivered right to you at home.
- Check with your local food bank, Social Security Office, Area Agency on Aging, Senior Center, health department or church for help.

2004, Dept. of Foods and Nutrition, The University of Georgia, Athens, GA 30602-3622, 706-542-4838
http://www.arches.uga.edu/~noahnet
Prepared by Suzanne Elbon, Ph.D., M.Ed., R.D., L.D.
Reviewed by Mary Ann Johnson, Ph.D., Tiffany Sellers, B.S., Joan Fischer, Ph.D., R.D., L.D.
Body Weight in Older Adults

No matter what your weight, it is important to consume vegetables, fruits, whole grains, low-fat milk products, and lean meats or other proteins and to be physically active every day. If you are underweight, then talk with your doctor about gaining weight. If you are overweight or obese, then talk with your doctor about the possible health benefits of losing weight -- even losing 5% to 10% of your body weight may improve health.

<table>
<thead>
<tr>
<th>Weight Category</th>
<th>Body Mass Index (kg/m²)</th>
<th>Talk with your Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>Less than 18.5</td>
<td>Underweight increases the risk of illness and death. Increasing your food intake can help you gain weight.</td>
</tr>
<tr>
<td>Normal weight</td>
<td>18.5 to less than 25</td>
<td>Keep your weight in this range by making healthy food choices and being physically active every day.</td>
</tr>
<tr>
<td>Overweight</td>
<td>25 to less than 30</td>
<td>Weight loss may be most beneficial to those who have diabetes, high blood pressure, high LDL cholesterol, low HDL cholesterol, metabolic syndrome, heart disease, osteoarthritis, or other health problems.</td>
</tr>
<tr>
<td>Obese</td>
<td>30 or more</td>
<td>A medically supervised weight loss program that improves healthy food choices and promotes physical activity is important for the prevention and management of diabetes, high blood pressure, high LDL cholesterol, low HDL cholesterol, metabolic syndrome, heart disease, osteoarthritis, and other obesity related disorders.</td>
</tr>
</tbody>
</table>

http://www.homesite.com/-media/elements/Clipart/sports/walkers.jpg
Northwest Indiana Community Action, Corp.
Senior Nutrition Program
Congregate Meal Site Daily Donation Report

Date: ____________________________

Site Manager: ____________________________

Nutrition Site: ____________________________

# of Meal Ordered: ____________________________

Site Address: ____________________________

# of Meals Received: ____________________________

# of Meals Served: ____________________________

Signature of 1st person counting contribution: ____________________________

Signature of 2nd person counting contribution: ____________________________

<table>
<thead>
<tr>
<th>Each person must sign his/her own name</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>60 + Eligible Participant.</td>
</tr>
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<td>$________</td>
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</tbody>
</table>

For Site Manager Use Only: Place an X in the column that best describes the participant’s status.
**Northwest Indiana Community Action, Corp.**  
**Senior Nutrition Program**  
**Home Delivered Meals Daily Report/Sign-In**

<table>
<thead>
<tr>
<th>Date: _________________________________</th>
<th>Site Manager: _________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition Site: ________________________</td>
<td># of Meal Ordered: _____________________________</td>
</tr>
<tr>
<td>Site Address: __________________________</td>
<td># of Meals Received: ___________________________</td>
</tr>
<tr>
<td></td>
<td># of Meals Served: ______________________________</td>
</tr>
</tbody>
</table>

**Signature of 1st person counting contribution:** _________________________________  
**Signature of 2nd person counting contribution:** _________________________________

Each person must sign his/her own name

SIGNATURE

<table>
<thead>
<tr>
<th>Amount of contributions</th>
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<tbody>
<tr>
<td>$___________</td>
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</table>

---

**Signature of Driver**
# Congregate Meal Invoice

**TIIIC1 Congregate Meal INVOICE**

5240 Fountain Drive  
Crown Point, IN 46307  
(219) 794-1829

**Service Provider:**  
- [Name]  
- [Company Name]  
- [Street Address]  
- [City, ST ZIP Code]  
- [Phone]

---

<table>
<thead>
<tr>
<th>Service Delivery Start Date</th>
<th>Service Delivery End Date</th>
<th>NAPIS Batch Number</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>TIIIC1 Congregate Meal Sites</th>
<th>Total Meals Ordered</th>
<th>Total Units Served</th>
<th>Unit Rate</th>
<th>Total Claim</th>
<th>Total Private Pay Units</th>
<th>Private Pay Unit Rate</th>
<th>Total Private Pay Claim</th>
<th>Amount Due (Total Claim minus Total Private Pay Claim)</th>
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</tbody>
</table>

**TOTAL**

<table>
<thead>
<tr>
<th>TIIIC1 Budget:</th>
<th>Budget Amount Remaining:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Supporting Documentation Required:**  
- Client Signature Sheets  
- Proof of Deposit for Project Income  
- Program Income/Cash Match Form with a copy of the Profit and Loss Statement  
- In-Kind Report  
- Volunteer Sign-In Sheets (if applicable)

---

Pursuant to the provisions and penalties of Chapter 155 Acts of 1953, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits.  

Authorized Agency Official:  

**Invoice Date:**  

**NWICA Use Only:** I have reviewed this claim and find it valid and correct. It can be properly charged and presented.  

NWICA STAFF:  

DATE:  

57
### Home Delivered Meal Invoice with NAPIS

#### TIIIC2 Home Delivered Meal INVOICE
For Providers entering client data in NAPIS

5240 Fountain Drive  
Crown Point, IN 46307  
(217) 774-1029

#### Service Provider:
- [Name]
- [Company Name]
- [Street Address]
- [City, ST ZIP Code]
- [Phone]

<table>
<thead>
<tr>
<th>Service Delivery Start Date</th>
<th>Service Delivery End Date</th>
<th>NAPIS Batch Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Unduplicated # of Participants Served</th>
<th>Total # HDM Ordered from Caterer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TIIIC2 Home Delivered Meal</th>
<th>Total Units Served</th>
<th>Unit Rate</th>
<th>Total Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**TOTAL $**

#### TIIIC2 Budget:

Budget Amount Remaining:

**Supporting Documentation Required:**
- Client Signature Sheets
- Proof of Deposit for Project Income
- Program Income/Cash Match Form with a copy of the Profit and Loss Statement
- In-Kind Report
- Volunteer Sign-In Sheets (if applicable)

Pursuant to the provisions and penalties of Chapter 155 Acts of 1953, I hereby certify that the foregoing account is just and

NWICA Use Only: I have reviewed this claim and find it valid and correct. It can be properly charged and presented.

NWICA STAFF: ___________________  DATE: ____________

---

58
## TIIIC2 Home Delivered Meal INVOICE

For Providers not entering client data in NAPIS

**Service Provider:**
- [Name]
- [Company Name]
- [Street Address]
- [City, ST ZIP Code]
- [Phone]

**Client Information:**
- Name:
- Address:
- Phone:
- Social Security Number:
- NWICA Case Manager:

<table>
<thead>
<tr>
<th>NAPIS Batch Number</th>
<th>Service Delivery Start Date</th>
<th>Service Delivery End Date</th>
</tr>
</thead>
</table>

### TIIIC2 Home Delivered Meals

<table>
<thead>
<tr>
<th>Total Units Served</th>
<th>Unit Rate</th>
<th>Total Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL:** $ -

**TIIIC2 Budget:** ____________  
**Budget Amount Remaining:** ____________

### Supporting Documentation Required:
- Client Signature Sheets/Approved Service Delivery Verification
- Proof of Deposit for Project Income
- Program Income/Cash Match Form with a copy of the Profit and Loss Statement
- In-Kind Report
- Volunteer Sign-In Sheets (if applicable)

Pursuant to the provisions and penalties of Chapter 155 Acts of 1953, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits.

**Invoice Date:** ____________  
**Authorized Agency Official:** ____________
Northwest Indiana Community Action
Program Income/Cash Match Report

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Vendor Name</th>
</tr>
</thead>
</table>

A. REVENUE FROM PROGRAM INCOME:

<table>
<thead>
<tr>
<th>Program</th>
<th>Source of Program Income</th>
<th>Program Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
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<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Total Program Income</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

B. REVENUE FROM CASH MATCH:

<table>
<thead>
<tr>
<th>Program</th>
<th>Source of Cash Match</th>
<th>Cash Match</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Total Cash Match</td>
<td></td>
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</tbody>
</table>

C. EXPENDITURES OF PROGRAM INCOME/CASH MATCH:

<table>
<thead>
<tr>
<th>Program</th>
<th>Description of Expenditure</th>
<th>Amount of Expenditure</th>
<th>Unexpended Program Income (Surplus)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Total Expenditures of Program Income/Cash Match</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

I certify that the amounts claimed meet all federal requirements for cost sharing/matching, including: amounts are verifiable from vendor’s records; are verifiable from the vendor’s records; are not included as match for any other federally-assisted project or program; are necessary and reasonable for proper and efficient accomplishment of project or program objectives; are allowable under the applicable cost principles; and are not paid by the Federal Government under another award, except where authorized by Federal statute to be used for cost sharing or matching.

Signature of Vendor Representative

60
Many programs require that we have in-kind donations from the community to match our grant funds. Please consider the volunteers, speakers, facilities used, staff involved and goods donated. Thank you for your donation and for your cooperation.

By my signature below, I hereby certify that (i) this report is true in all respects; (ii) receipts, records and accounts as required by the Agreement and the U.S. Department of Labor Rules and Regulations are sufficient to document each contribution for which credit is claimed and are available for inspection; (iii) the contributions are from non-federal sources with the exception of general revenue sharing funds; and (iv) these contributions have not been claimed on any other Federal program.

<table>
<thead>
<tr>
<th>Agency's Name</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
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</table>

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Date of service</th>
</tr>
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<tbody>
<tr>
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</table>

### Services Rendered:

<table>
<thead>
<tr>
<th>By: ___________________________</th>
<th>Hours _________</th>
<th>$ _________</th>
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<tbody>
<tr>
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</table>

Total Service $ _________

### Goods Donated:

<table>
<thead>
<tr>
<th>Items: ___________________________</th>
<th>$ _________</th>
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<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>Items: ___________________________</th>
<th>$ _________</th>
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</table>

<table>
<thead>
<tr>
<th>Items: ___________________________</th>
<th>$ _________</th>
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Total Goods $ _________

### Facility Provided:

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<th>Place: ___________________________</th>
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Total Facility $ _________

Total Value $ _________

Contributor Signature: ___________________________  Date: ________________

Agency Signature ___________________________
# Community Service Area/Meal Reservation Log

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<tr>
<th>Site Location:</th>
<th>Date:</th>
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<th>Client Signature</th>
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<th>Wednesday</th>
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Weekly Meal Order Form

Caterer Name: ____________________________ Caterer Fax: ____________________________
Vendor Name: ______________________________________

<table>
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<tr>
<th>DATES</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<tbody>
<tr>
<td>Site Name and Address (meal count)</td>
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Complete and submit to caterer by noon on Tuesday of the week prior to service delivery.
## Volunteer Time Sheet

**Location:**

**Month/Year:**

**Site Address:**

**Signature of Site Manager:**

<table>
<thead>
<tr>
<th>VOLUNTEER SIGNATURE</th>
<th>JOB DESCRIPTION</th>
<th>DATE</th>
<th>TIME IN</th>
<th>TIME OUT</th>
<th>TOTAL TIME</th>
<th>RATE</th>
<th>VALUE</th>
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**TOTAL VALUE**

**NOTE:** All fields must be completed.
Dietitian Menu Approval Form

This menu shall consist minimally of a four (4) week cycle of regular diet meals and shall be representative of the current six month period. The attached cycle menu and nutritional analysis is for the following period:

Spring/Summer   Yr. _____          Fall/Winter   Yr. _____

Caterer: ______________________________________________________

Contact Person: _______________________________      Phone: ______________________

(  ) Menu Approved
(  ) Menu Approved, with revisions (list below or attach)
(  ) Not Approved, suggestions (listed below or attach)

Dietitian Comments:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

_______________________________________       ______________________________________
Dietitian Signature                      Date

NC date forwarded:          /     /
NC date received:             /    /
Nutrition Billing

All Providers
Invoices are due to NWICA by the 5th calendar day after the close of the calendar month in which services were delivered. For example, if services are provided to a consumer in June, the invoice is due to NWICA by July 5\textsuperscript{th}. Invoices received after the 5\textsuperscript{th} will be considered late. Late invoices may not be processed until the next billing cycle.

All invoices must be submitted within 60 days following the provision of services. Billing submitted sixty (60) days or more after the provision of service will not be processed for payment, per funding source requirements.

Incorrect invoices will be returned to the service provider. Returned invoices will include a cover letter explaining any necessary correction. Invoices returned for correction may be resubmitted. Resubmission of corrected invoices must occur within the 60 days following provision of services as described above.
Congregate Meal Site Management

- Complete Service Provider information at top of page.
- Enter the service delivery dates.
- List Congregate Meal Sites in Column 1, if applicable.
- Enter the total number of meals ordered for each site for the service delivery period.
- Enter the total number of meals served at each site.
- Multiply the total units served by the unit rate and enter the amount in the Total Claim column.
- Enter the number of meals served to individuals not eligible for Title IIIC1 meals. (See eligibility requirements in the Service Definition.)
- Multiply the “Private Pay” (ineligible meals) by the Private Pay Unit Rate established by NWICA and enter this amount in the “Total Private Pay” column.
- Deduct the “Total Private Pay” amount from the Total Claim amount. Enter the remaining amount in the “Amount Due” column.
- Total the “Amount Due” Column.
- Calculate the Budget Amount Remaining and enter on the Invoice Form.
- Attach all of the following to the Invoice Form:
  - Correctly completed Daily Donation Report for each day from each site. (See Completion of the Daily Donation Report section of the Nutrition Program Standard Operating Procedures for more information.)
  - Proof of deposits for Program Income (client donations)
  - Completed Program Income/Cash Match Form and a Profit and Loss Report covering the service delivery dates of the invoice (See Program Income/Cash Match Policy of the Nutrition Program Standard Operating Procedures for more information.)
  - Completed In-Kind Report
  - Completed Volunteer Time Sheets, if applicable
  - Sign and date the invoice.
- Send the Invoice and all attachments to:
  
  ATTN: AAA Grants Management Technician
  NWICA
  5240 Fountain Drive
  Crown Point, IN 46307
Home Delivered Meals Providers Completing NAPIS Data Entry

- Complete Service Provider information at top of page.
- Enter the service delivery dates and the NAPIS batch number.
- Enter the unduplicated number of individuals served during the delivery period.
- Enter the total number of meals ordered from the caterer for the service delivery period.
- List Congregate Meal Sites in Column 1, if applicable.
- Enter the total number of meals delivered from each site.
- Multiply the total units served by the unit rate and enter the amount in the Total Claim column.
- Calculate the Budget Amount Remaining and enter on the Invoice Form.
- Attach all of the following to the Invoice Form:
  - Correctly completed Daily Report/Sign In Sheets for each day from each route.
  - Proof of deposits for Program Income (client donations)
  - Completed Program Income/Cash Match Form and a Profit and Loss Report covering the service delivery dates of the invoice (See Program Income/Cash Match Policy of the Nutrition Program Standard Operating Procedures for more information.)
  - Completed In-Kind Report
  - Completed Volunteer Time Sheets, if applicable
  - Sign and date the invoice.
- Send the Invoice and all attachments to:

  ATTN: AAA Grants Management Technician
  NWICA
  5240 Fountain Drive
  Crown Point, IN 46307
Home Delivered Meals Providers NOT Completing NAPIS Data Entry

Serving less than 100 NWICA authorized consumers during a service delivery period

Complete Monthly Invoice as follows:

- Complete Provider name, address and phone number.
- Complete Consumer name, address, phone number and social security number.
- Enter the current Case Manager’s name.
- Enter the Service Delivery Dates, i.e. May 1 – May 31, 2008.
- Enter the total number of units of service provided to the consumer during the service delivery period.
- Multiply the units by the unit rate and enter the amount in the Total Claim column.
- Sign and date the invoice.
- Attach the Service Delivery verification (client signature sheets or signed route logs.)
- Proof of deposits for Program Income (client donations)
- Completed Program Income/Cash Match Form and a Profit and Loss Report covering the service delivery dates of the invoice
- Completed In-Kind Report
- Completed Volunteer Time Sheets, if applicable
- Send the Invoice to:
  
  ATTN:  AAA Grants Management Technician  
  NWICA  
  5240 Fountain Drive  
  Crown Point, IN 46307
Home Delivered Meals Providers NOT Completing NAPIS Data Entry

Serving more than 100 NWICA authorized consumers during a service delivery period

Home delivered meals provider serving more than 100 authorized consumers under the agreement are not required to complete individual consumer invoices. They may use their organization’s invoice form indicating the total number of meals delivered during the service delivery period.

Additionally, the service delivery documentation does not need to be submitted monthly. This documentation must be maintained at the provider’s offices and retained pursuant to the terms of the agreement.

All other invoice attachments, as follows, must be included with the monthly invoice.

- Proof of deposits for Program Income (client donations)
- Completed Program Income/Cash Match Form and a Profit and Loss Report covering the service delivery dates of the invoice
- Completed In-Kind Report
- Completed Volunteer Time Sheets, if applicable
- Send the Invoice to:
  
  ATTN:  AAA Grants Management Technician  
  NWICA  
  5240 Fountain Drive  
  Crown Point, IN 46307
Meal Preparation/Catering

Invoices are due to NWICA by the 5th calendar day after the close of the calendar month in which services were delivered. For example, if services are provided to a consumer in June, the invoice is due to NWICA by July 5th. Invoices received after the 5th will be considered late. Late invoices may not be processed until the next billing cycle.

All invoices must be submitted within 60 days following the provision of services. Billing submitted sixty (60) days or more after the provision of service will not be processed for payment, per funding source requirements.

Incorrect invoices will be returned to the service provider. Returned invoices will include a cover letter explaining any necessary correction. Invoices returned for correction may be resubmitted. Resubmission of corrected invoices must occur within the 60 days following provision of services as described above.

Meal Preparation and Catering vendors may use their organization’s invoice form.

The invoice should clearly indicate the service delivery period, the number of meals delivered to each nutrition service provider, the unit rate and the total amount due.

The number of meals delivered should be broken down into Congregate Meals and Home Delivered Meals.
**Dietitian**

Invoices are due to NWICA by the 5th calendar day after the close of the calendar month in which services were delivered. For example, if services are provided to a consumer in June, the invoice is due to NWICA by July 5\textsuperscript{th}. Invoices received after the 5\textsuperscript{th} will be considered late. Late invoices may not be processed until the next billing cycle.

All invoices must be submitted within 60 days following the provision of services. Billing submitted sixty (60) days or more after the provision of service will not be processed for payment, per funding source requirements.

Incorrect invoices will be returned to the service provider. Returned invoices will include a cover letter explaining any necessary correction. Invoices returned for correction may be resubmitted. Resubmission of corrected invoices must occur within the 60 days following provision of services as described above.

The Dietitian may use their organization’s invoice form.

The invoice should clearly indicate the service delivery period, the services delivered, the unit rate and the total amount due.