

Notice of Instruction

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West Central Florida
Area Agency on Aging, Inc.



Assistance. Advocacy. Answers on Aging.

Notice of Instruction Number: #100809 – Congregate Memo - sv

TO: All PSA 6 Lead Agencies
FROM: Sarah Van Dyke, Program Manager
DATE: October 8, 2009
SUBJECT: Requirements for a Congregate Meal

The purpose of this notice of instruction is to clarify the requirements that apply when a congregate-meal client is provided with an additional meal that is intended for consumption outside of the congregate setting.

Any Older Americans Act funded congregate meal must be served in a congregate setting. Provision of any type of meal — whether breakfast, supper, weekend, holiday or any other meal — that will be consumed away from a congregate meal site during operating hours is not to be considered “serving a congregate meal.” If an additional meal is provided to a congregate-meal client (for consumption away from the congregate setting), that meal is to be considered a “home-delivered meal.”

Clients who receive a meal to be consumed outside of the congregate setting must be assessed to determine the need for such additional meal(s). The client’s need for meals outside of the congregate setting must be well documented using the *701B Form*, and that client’s ability to safely heat and consume home-delivered meals must be documented using the *Client Evaluation Form for Frozen, Home Delivered Meals—DOEA Form 217*.

If it is determined that a congregate-meal participant is not eligible for a home-delivered meal (but still needs breakfast, supper, weekend or holiday meals due to food insecurity), the provider must consider other resources, such as the provision of material aid, assistance with a food stamp application or assistance in food procurement from local food banks or pantries.

If you have any questions or specific concerns about this Notice of Instruction, please contact your Program Manager.

Thank you for your cooperation.

Attachment:
DOEA Form 217

DEPARTMENT OF ELDER AFFAIRS PROGRAMS AND SERVICES HANDBOOK
Chapter 4: Older Americans Act

Service Requirements: Section 5—Nutrition Program Policies
Attachment 1: Client Evaluation Form for Frozen, Home Delivered Meals—DOEA Form 217

CLIENT EVALUATION FORM FOR FROZEN, HOME DELIVERED MEALS

NAME: _____

ADDRESS: _____

PHONE: _____

IN EMERGENCY CONTACT: _____

PHONE: _____

Rating: Place an "X" in the appropriate space.

PHYSICAL EVALUATION:

_____ GOOD _____ FAIR _____ POOR

If poor, please explain: _____

EYESIGHT:

_____ GOOD _____ FAIR _____ POOR

If poor, please explain: _____

ABILITY TO MOVE AROUND IN KITCHEN: (GENERAL MOBILITY; WALKER, CANE, ETC:)

_____ GOOD _____ FAIR _____ POOR

If poor, please explain: _____

ABILITY TO PERFORM SMALL MOTOR TASKS (ARTHRITIS?):

_____ GOOD _____ FAIR _____ POOR

If poor, please explain: _____

DOEA Form 217, July 2008