**Date:** Select a date

**Area Agency on Aging:** Select an agency

**Agency Monitoring Materials Prepared By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Place a check in the box for each item that is complete!***

**For Area Agencies:**

*Submit these documents and information to the SUA* ***before*** *the monitoring visit*

* 1. [ ] Two completed client intake forms to review during monitoring for both **congregate** and **home-delivered meals** (nutrition counseling referrals if applicable) **(OAA SEC. 339. Nutrition (2) (J)).** *Please include intake forms with redacted names.*
	2. [ ] Provide an example intake with a score of 6+ (High Risk) for NSI, how it was addressed, and what referral or intervention option was made? (i.e., SNAP, nutrition counseling, nutrition assistance referral) **(OAA SEC.330 PURPOSES (1)).** *Please include intake forms with redacted names.*
	3. [ ] Examples of recent nutrition education materials used at both congregate meal sites and home-delivered meal clients (*To-Go Meal clients if applicable*) and a description of how they are used (please provide a copy of each) **(15 NAC 4 003.01 (C))**.
	4. [ ] Two sample menus from each senior center site we will visit during monitoring.
	5. [ ] Examples of how menus comply with the Dietary Guidelines along with any Registered Dietitian Signatures (if applicable) **(OAA SEC. 339. Nutrition (2) (A) (i))**.

* 1. [ ] Example suggested contribution forms for home-delivered meals representative of all contributing opportunities **(15 NAC 4 014.01 (E))**.
	2. [ ] Provide examples of any To-Go Meal policies, procedures, forms, and written instructions for proper handling and reheating **(15 NAC 4 014.01 (N))** ***(If Applicable)***.
	3. [ ]  Provide an example(s) of cultural considerations, preferences, and medically tailored meals that were made within your service area to accommodate older adults **(OAA SEC. 339 Nutrition (2) (A) (iii)).**
	4. ☐ Provide a follow-up description of the client meal receipt verification process for home-delivered meals. Discuss its benefits and limitations.
	5. ☐ Provide the most recent Food Establishment Evaluation from the Nebraska Department of Environment and Energy for each center visited.
	6. ☐Provide the SUA with examples or information regarding nutrition program accomplishments within the last year.

***To be completed on-site by the State Unit on Aging***

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| --- | --- | --- | --- | --- | --- | --- |
| **Senior Center** | **Contribution Box and Eligibility Sign** | **ADA Accessibility to Senior Center** | **Meal Served Complies with Guidelines** | **Safe Weekly Deposits with Dual Signatures** | **Food/Equipment Temp Logs Onsite** | **Senior Center Offers:****(Circle)** |
|  |  |  |  |  |  | **TGM/Cong/HDM** |
|  |  |  |  |  |  | **TGM/Cong/HDM** |
|  |  |  |  |  |  | **TGM/Cong/HDM** |