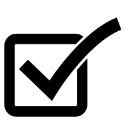
**Date:** Select a date

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

[](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=2ahUKEwiag_P0icbiAhVOc98KHeW1DYoQjRx6BAgBEAU&url=https://thenounproject.com/term/check-box/3879/&psig=AOvVaw1z9LkctZVRh43BY9xR8UBN&ust=1559402697820538)**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** |