

ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT
Home Delivered Meals

I. General Policies and Procedures

A. Do you prepare the following meals?

	YES	NO	SUN	MON	TUE	WED	THU	FRI	SAT	HOLIDAYS
Hot										
Cold										
Frozen										
Holidays										
Emergency										
Ethnic/Religious										
Special: Pureed										
Diabetic										
Renal										
Vegetarian										
Other: (Describe)										

B. During what hours are meals delivered?

C. If weekend and holiday meals are not delivered on the day they are to be eaten, state when and how these meals are delivered.

D. Describe how you ensure your meals are kept at an adequate temperature from departure from your food preparation facility to arrival at consumer's home.

E. Describe your procedure for preparing and delivering meals *during* a snowstorm or other emergency.

F. Do you have a procedure for providing emergency food supplies *in advance of* an emergency?
If yes, describe procedure:

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- G. Describe your procedure for sending ASAP agency the menu and informing the agency of any substantial changes to the menu.
- H. Describe the procedures used by the meals program to accept a referral for home delivered meals.
- I. Describe health inspections of your facility and forward copy(s) of results of most recent inspection(s).
- J. Describe your policy to notify ASAP agency when service is altered from that which was authorized.
- K. Describe procedures if consumer is not at home at time of meal delivery.
- L. What is the address of the meal preparation facility?

II. Personnel Procedures

- A. Describe criteria for selection of the following:
 - Site Manager:
 - Drivers:
 - Coordinators:
- B. Describe procedure for orientation and training for personnel and by whom.
- C. Describe how you address sensitivity to older adults with these employees.
- D. Describe training of drivers regarding role of daily check-in on consumer status, including handling consumer's non-responsiveness, notifying staff supervisor and ASAP immediately of consumer absence from home, or non-responsiveness to driver contact.

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E. Describe procedure for supervision for personnel, including how often and by whom.

F. Describe your policy in determining driver's current status registry motor vehicle report.

Provider employee who completed this form:

Name: _____

Date: _____