

Area Agency on Aging of Northwest Michigan Meal Site Establishment / Relocation / Closure Request

The Area Agency on Aging of Northwest Michigan (AAANM) and the Michigan Aging and Adult Services Agency (AASA) must approve, in writing, the opening, relocation, and/or closure of meal sites (prior to the provision of any meals at any new or relocated site), if those meals are to be reported and counted toward the AAANM Multi-Year Contract. Service providers must complete this form and attach all applicable items and submit to AAANM.

Service Provider:

Date of request:

Form completed by:

Type and Explanation of Request(s)

Select one or more requests: Establishment Relocation Closure

1. Rationale for proposed establishment, relocation and/or closure of site(s):

2. Proposed effective date(s) of establishment, relocation and/or closure of site(s):

For closures: Site name:

3. Describe how participants will be notified of the closing of the meal site (Note: notification must be provided to participants at least **30 days** prior to the last day of meal service):
4. Describe closest meal site to the site being closed (location, distance, availability of transportation options to get participants to the site, etc.)
5. Is this meal site located in an area where low-income and/or minority persons constitute more than 25% of the population? Yes No
6. Is this meal site serving participants of whom low-income and/or minority persons constitute more than 25% or meal participants served over the past 12 months? Yes No

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Proposed New Site Information			
Site name:			
Address (Street, City, Zip):			
<p>Verify that the site is located where it can effectively serve socially or economically disadvantaged older persons. The site is located in an area which has (check all that apply):</p> <p><input type="checkbox"/> A significant concentration of the 60 and over population living at or below the poverty level,</p> <p><input type="checkbox"/> An older minority or ethnic population comprising a significant concentration of the total over-60 aged population</p>			
<p><u>Meal site waiver request:</u></p> <p>If site is unable to serve meals at least 3 days/week with a minimum annual average of 10 eligible participants per serving day, a waiver may be granted by AAANM if one or more of the following can be demonstrated:</p> <p><input type="checkbox"/> Two facilities must be utilized to effectively serve a defined geographic area for three days per week</p> <p><input type="checkbox"/> Due to a rural or isolated location, it is not possible to operate a meal site three days per week.</p> <p><input type="checkbox"/> Seventy-five percent or more of participants at a meal site with less than 10 participants per day are in great economic or social need. Such meal sites must operate at least three days per week.</p>			
Senior Nutrition Program Information			
<p>Site type (check all that apply):</p> <p><input type="checkbox"/> Multi-purpose senior center <input type="checkbox"/> Other (describe):</p> <p><input type="checkbox"/> Faith-based facility</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Public or low-income housing <input type="checkbox"/> Meals prepared on site</p> <p><input type="checkbox"/> Other housing <input type="checkbox"/> Satellite meal site - bulk prepared food delivered from:</p> <p><input type="checkbox"/> Restaurant</p> <p><input type="checkbox"/> Adult day program</p>			
<p>Working kitchen equipment available at site:</p> <p><input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Microwave <input type="checkbox"/> Oven/stove <input type="checkbox"/> Salad bar with sneeze guard</p> <p><input type="checkbox"/> Steam table <input type="checkbox"/> Dishwasher <input type="checkbox"/> Three-compartment sink <input type="checkbox"/> Other:</p>			
Name of site coordinator/contact:			
Phone:			
Describe coordinator: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Manager Certified (Exp. Date:)			
Meal Type	Meal Service Days	Meal Service Hours	Meal Frequency (weekly, once/month)
Lunch	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		
Dinner	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		
Breakfast	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		

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Other Meals (describe):		
Will a Second Meal be offered for taking home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Average number of:	Participants per week:	Meals per week:
Suggested donation amount for eligible participants:		Charge for non-eligible participants:
Posted items:	<input type="checkbox"/> AASA Community Nutrition Services poster <input type="checkbox"/> Anti-choking poster	<input type="checkbox"/> Food Safety Reminder (leftovers) <input type="checkbox"/> Fire escape plan <input type="checkbox"/> Menu
Where is the site advertised?		
<input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Newsletter <input type="checkbox"/> Social media		
<input type="checkbox"/> Other (describe):		
Other services available at this site:		
<input type="checkbox"/> Information & referral <input type="checkbox"/> MiCAFE <input type="checkbox"/> Food pantry <input type="checkbox"/> Commodities <input type="checkbox"/> Exercise		
<input type="checkbox"/> Other (describe):		
Attach the following:		
<input type="checkbox"/> Any written facility usage agreements (required for sites that are leased & recommended for donated sites) <input type="checkbox"/> Any written subcontractor agreement (i.e., Dining Out contract, etc.) <input type="checkbox"/> Current health department license and/or application to local health department <input type="checkbox"/> Latest health department inspection report <input type="checkbox"/> Documentation of accessibility (preferably from a local building official or licensed architect; if this is not possible, use AAANM Accessibility Assessment form) Accessibility is defined as a participant living with a disability being able to enter the facility, use the restroom, and receive service that is at least equal in quality to that received by a participant not living with a disability. <input type="checkbox"/> Documentation of compliance with local fire safety standards (preferably by a local fire official; if after a formal written request to the local fire official, this is not possible, use AAANM Fire Safety Assessment form)		