## **Request to Provide Reduced Meals:**

Aging Division Use Only	Approved: Y	Initials:
		Date:
Organization Name:		Date:
Contact Name:		
Telephone:		
Email:		

Please submit during each new contract period to the Aging Division CLS Nutrition Program Manager.

Request for approval for a nutrition program to offer meals less than five days/week in a county must be submitted for approval the Aging Division with each new contract period, or prior to a reduction in meals that occurs during an existing approved contract period.

**Congregate Nutrition Services OAA Section 331 (1**): "Five or more days a week (except in rural area where such frequency is not feasible and a lesser frequency is approved by the State Agency), provide at least one hot or other appropriate meal per day and any additional meals, which the recipient of a grant or contract under this subpart may elect to provide".

Home Delivered Nutrition Services OAA Section 336 (1): "Five or more days a week (except in a rural area where such frequency is not feasible and a lesser frequency is approved by the State Agency), at least one home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods and any additional meals that the recipient of a grant or contract under this subpart may elect to provide".

## Please complete the following for each county where OAA meals are offered less than 5 days/week:

County: \_\_\_\_\_

- Average number of older adults currently being served:
  - Congregate: \_\_\_\_\_\_
  - Home Delivered: \_\_\_\_\_\_
- Proposed days and location(s) for meals to be provided:
- Please provide rationale for request:

County: \_\_\_\_\_

- Average number of older adults currently being served:
  - Congregate: \_\_\_\_\_
  - Home Delivered: \_\_\_\_\_
- Proposed days and location(s) for meals to be provided:

- Please provide rationale for request: