**Meal Frequency Waiver Form**

**Meal Site Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number: (208) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many days does the Meal Site provide congregate meals? \_\_\_\_\_\_\_\_**

**How many days does the Meal Site provide home delivered meals? \_\_\_\_\_\_\_\_**

Please provide more information as to why the Meal Site cannot serve at least five congregate/home delivered meals per week. Identify any alternatives to the Meal Sites that are available.

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How has the AAA provided assistance to the Meal Site? Example: Facilitated town hall meetings, coordinated group discussions with senior centers, etc. Identify frequency and purpose of on-site visits to the Meal Sites.

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(Replace text with AAA Director’s signature)\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Replace text with AAA Director’s name)

Area Agency on Aging Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved:

Judy B Taylor Not Approved:

ICOA Administrator Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_