

Nutrition Program Data

Agency: _____ Year: _____

Days of Operation _____

1. Number of Congregate meals served at this site in the last 12 months _____

2. Number of Congregate meals served to Monroe County residents age 60+ at this site during the last 12 months _____

3. How many of these meals were served on weekdays _____

4. How many of these meals were served on Saturdays _____

5. How many of these meals were served on Sundays _____

6. How many of these meals were home delivered from this site in the last 12 months _____

7. How many miles were driven delivering meals in the last 12 months _____

This form is to be completed by programs offering a noon meal

******* Please fill in all applicable areas.**