

# 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.**