



Congregate Meals Monthly Report Checklist

Site Name:

Month:

Fiscal Year: 2016-2017

Enclosed	Item
	Monthly Meal Order Summary <ul style="list-style-type: none"> All blank fields should be completed.
	Donation Summary Report <ul style="list-style-type: none"> Each day's donations must be signed by two people to verify the amount Attach the deposit receipts Deposit donations before the end of the month
	Temperature Record <ul style="list-style-type: none"> Record the temperature of all food components, including milk upon arrival and immediately before meal service
	Daily Attendance Sheets with Participant Signatures <ul style="list-style-type: none"> Each person must sign for themselves on the day the meal was provided If the participant is unable to sign, the Site Coordinator or volunteer may sign the participant's name AND sign his/her own name next to the participant's name All signatures must be in ink, no pencils please
	Client Registration Forms with Nutrition Risk Assessment Form <ul style="list-style-type: none"> Anyone aged 60 and over and their spouse or unpaid caregiver is eligible to participate in the program. Each participant must complete a registration form and nutritional risk assessment form Information is gathered as required by state and federal reporting requirements
	Volunteer Registration Form <ul style="list-style-type: none"> Each congregate meal volunteer must submit a registration form, confidentiality agreement & volunteer training verification form
	Volunteer In-Kind Record <ul style="list-style-type: none"> OCED needs this to match the funding provided by the funder in order to continue receiving funding Volunteers must sign to vouch for the hours provided to the program
	Newsletter/Fliers/Activities <ul style="list-style-type: none"> Our funder likes to know what's going on at the site

Comments, Questions, Concerns:

