ADMINISTRATION ON AGING

TITLE VI RESOURCE MANUAL

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OLDER AMERICANS ACT

Chapter 1: Older Americans Act

OLDER AMERICANS ACT AND THE ADMINISTRATION ON AGING

The Administration on Aging (AoA), established by the Older Americans Act (OAA), Public Law 89-73, is located in the U.S. Department of Health and Human Services. AoA is one of the nation's largest providers of home and community-based services for elders and their caregivers. AoA's mission is to develop a comprehensive, coordinated, and cost-effective system of long-term care that helps elders to maintain their dignity in their homes and communities.

AoA is part of a federal, state, tribal, and local partnership called the National Aging Network. This network, serving about 7 million elders and their caregivers, consists of 56 State Units on Aging; 655 Area Agencies on Aging; 241 tribal organizations; two organizations that serve Native Hawaiians; 29,000 service providers; and thousands of volunteers. These organizations provide assistance and services to elders and their families in urban, suburban, and rural areas throughout the United States.

The OAA was passed into law in 1965 and has been changed through reauthorizations several times since it was first written. Specific programs for American Indians and Alaska Natives were added in several of these reauthorizations. The OAA is divided into sections, called "Titles," that are like chapters in a book, with each title covering a different area. The most widely used titles for tribal programs are Title II, which establishes the Office for American Indian, Alaskan Native, and Native Hawaiian Programs, and Title VI, which establishes grants to Native Americans for nutrition services, supportive services, and family caregiver support services. Title III is important because it provides grants to states for these same services. The Title III services are available to all elders in the state, including tribal elders.

Older Americans Act Objectives

Congress identified several objectives for older Americans when they passed the OAA in 1965. These objectives have remained the same through all the reauthorizations:

The Congress hereby finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Indian tribes to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives:

(1) An adequate income in retirement.

(2) The best possible physical and mental health without regard to income.

(3) Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at a reasonable cost.

(4) Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services.

(5) Opportunity for employment with no discrimination because of age.

(6) Retirement in health, honor, dignity.

(7) Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training and recreational opportunities.

(8) Efficient community services, including access to low cost transportation, a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals.

(9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.

(10) Freedom, independence, and the free exercise in planning and managing their own lives, full participation in planning and operation of community based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

TITLE VI

Congress stated that the purpose of Title VI is *"to promote the delivery of supportive services, including nutrition services to American Indians, Alaskan Natives, and Native Hawaiians that are comparable to services provided under Title III." (42 U.S.C. 3057) In addition, Congress stated that "older individuals who are Indians, older individuals who are Alaskan Natives, and older individuals who are Native Hawaiians are a vital resource entitled to all benefits and services available and that such services and benefits should be provided in a manner that preserves and restores their respective dignity, self-respect, and cultural identities."* (42 U.S.C. 3057a) The Code of Federal Regulations (45 CFR 1326) governing the Title VI program can be found in Appendix A.

Title VI is comprised of three sections: Part A is the Indian Program; Part B is the Native Hawaiian Program; and Part C is the Native American Caregiver Support Program. Each section identifies the eligibility criteria for the section and the specific services that are authorized by that section.

The eligibility requirements for a Title VI grant are:

- Part A – Indian Program
  - Federally recognized tribe;
  - Represent at least 50 individuals who are 60 years of age or older; and
  - Demonstrate the ability to deliver supportive services, including nutritional services.
- Part B – Native Hawaiian Program
  - A public or non-profit private organization with the capacity to provide services for Native Hawaiians;
  - Represent at least 50 individuals who are 60 years of age or older; and
  - Demonstrate the ability to deliver supportive services, including nutrition services.
- Part C – Native American Caregiver Support Program
  - Have an approved Part A or Part B application.

The required services for a Title VI program are:

- Parts A and B
  - Nutrition Services; and
  - Supportive Services
- Part C
  - Information to caregivers about available services;
  - Assistance to caregivers in gaining access to the services;
  - Individual counseling, organization of support groups, and caregiver training to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their care giving roles;
  - Respite care to enable caregivers of a frail elder to be temporarily relieved from their care giving responsibilities; and
  - Supplemental services, on a limited basis, for caregivers of frail elders to complement the care provided by caregivers.

Other OAA requirements: Title VI programs have a number of other OAA requirements, including:

- Evaluate the need for supportive and nutrition services (needs assessment).
- Administer the program properly and efficiently, including providing satisfactory fiscal control and fund accounting procedures to ensure proper disbursement of and accounting for federal funds.
- Submit timely and accurate reports.
- Periodically evaluate program activities and projects.
- Establish and follow objectives to carry out the program to meet the needs of the elders and identify obstacles to achieving these objectives and a plan to overcome the obstacles.
- Provide convenient access to information and assistance.
- Provide a preference for older American Indians, Alaskan Natives, or Native Hawaiians for employment, when feasible.
- Provide nutrition services substantially in compliance with Part C of Title III.
- Provide legal or ombudsman services substantially in compliance with Title III.
- Coordinate with Title III regarding services in the same geographical area.

Requirements for all federal grants: In addition to OAA requirements, all recipients of federal grants must certify to the following:

1. That they are not **debarred, suspended, or declared ineligible** for a grant (Executive Order 12549, Debarment and Suspension);
2. That they will maintain a **drug-free workplace** (Drug-Free Workplace Act of 1988); and
3. No Federal appropriated funds will be used for lobbying (USC Title 31, Section 1352).

As required by the **Drug-Free Workplace Act**, you must certify on your application that you will maintain a drug-free workplace by:

- Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace;
- Specify the actions that will be taken against employees for violation of such prohibition;
- Establish an ongoing drug-free awareness program;
- Provide each employee a copy of your policy on a drug-free workplace; and
- Notify each employee in the statement that as a condition of employment, the employee will:
    - Abide by the terms of the policy and
    - Notify you in writing of his/her conviction for violation of a criminal drug statute occurring in the workplace no later that five calendar days after such convictions.

It is important for you to work with your tribal human resources department, employment department or other appropriate department on implementing and maintaining a drug-free workplace since it is a requirement of all federal grants.

NUTRITION SERVICES IMPROVEMENT PROGRAM (NSIP)

The Nutrition Services Improvement Program (NSIP) is intended to provide incentives to states and tribes for the effective delivery of nutritious meals to older adults. The NSIP supplements funding for food used in meals serviced under the OAA and meet the OAA requirements. NSIP funds can be used only for food.

NSIP is administered by the Administration on Aging (AoA), but receives commodity foods and financial support from USDA's Food and Nutrition Service (FNS). A tribe can select to receive all NSIP funds in cash, all in commodity foods, or a combination of cash and commodities. The NSIP funding amount is based on the number of meals served in the previous year. All NSIP funds must be used in the year in which they were awarded.

TITLE VI GRANT APPLICATION

The OAA specifies that "no grant may be made under this part (Title VI) unless the eligible tribal organization submits an application to the Assistant Secretary which meets such criteria as the Assistant Secretary may by regulation prescribe." (Sec. 614a) Title VI grants are usually issued for a 3-year grant period. During these 3 years, no new applications are accepted. However, if a tribe is not administering their Title VI program according to the OAA, their grant may be suspended or terminated during these 3 years.

How Do I Apply for a Title VI Grant?

AoA publishes a notice in the Federal Register that funds are available under Title VI and gives the date that the applications are due. This date is very important because applications received after this date will not be considered for funding. AoA sends a copy of the Federal Register notice and an application packet to all current grantees and to any tribal organization who has requested a packet. Eligible tribal organizations and

Native Hawaiian organizations must submit an application that meets the criteria in OAA Sec. 614(a) and (b) for Indians, and Sec. 624(a) for Native Hawaiians.

The application may be presented in any format selected by the tribal organization. However, AoA provides an application guide that includes all the information you need to include in your application. Use of this format is not mandatory but includes all of the requirements and will simplify the process.

Regardless of what format you use, double check everything on your application, especially the following:

- ✓ **Is my application complete?** Use the checklist provided with the grant application kit or make your own to be certain that all of the parts of the application are included and all forms are signed and dated. Incomplete applications may be refused and not funded.
- ✓ **Is my tribal resolution current and is it signed and dated?** You need a new tribal resolution each time you apply for a grant.
- ✓ **Did I include verification of my eligible elder population?** Verification could be either the current US Census information or certification by BIA or your Tribal Enrollment Clerk.
- ✓ **Have I clearly described my service area?** Although the OAA only requires a narrative description of your service area, you may submit a map of the area. Either way, the description must clearly indicate the area where you are planning to provide services.
- ✓ **Does my application make sense?** Is there a correlation between your population of elders and the number of elders you plan on serving (i.e., 500 elders in your population, but only planning on serving 25 unduplicated congregate meals)? Check your math for errors. Be certain that you did not write incorrect information in the grant or reverse numbers.
- ✓ **Am I submitting my application to the correct address?** Be sure to use the address and mailing instructions specified in the Federal Register notice.
- ✓ **Am I submitting my application on time?** Applications that are late may be refused or not funded. Be certain that you send the application by a delivery service that requires a signature so you know your delivery made it to the proper place at the proper time.

Processing Title VI Grants

Once AoA receives your application, it goes through several reviews. The grants office does the first review, looking at it to assure it has been received by the due date, that the tribal organization is an eligible entity, that there is a current signed tribal resolution(s) and that the assurances and certifications are signed. If all these requirements are met, the grant office forwards your application to the Office for American Indian, Alaskan Native, and Native Hawaiian Programs (OAIANNHP).

Once the OAIANNHP receives your application, it goes through two reviews. The first review checks to be sure the tribal organization represents at least 50 elders over age 60, geographical services areas are identified and where there is overlap there are assurances that an elder is only counted in one application and that the total number of elders is either verified by the Tribal Enrollment Clerk or the BIA, or is consistent with the census.

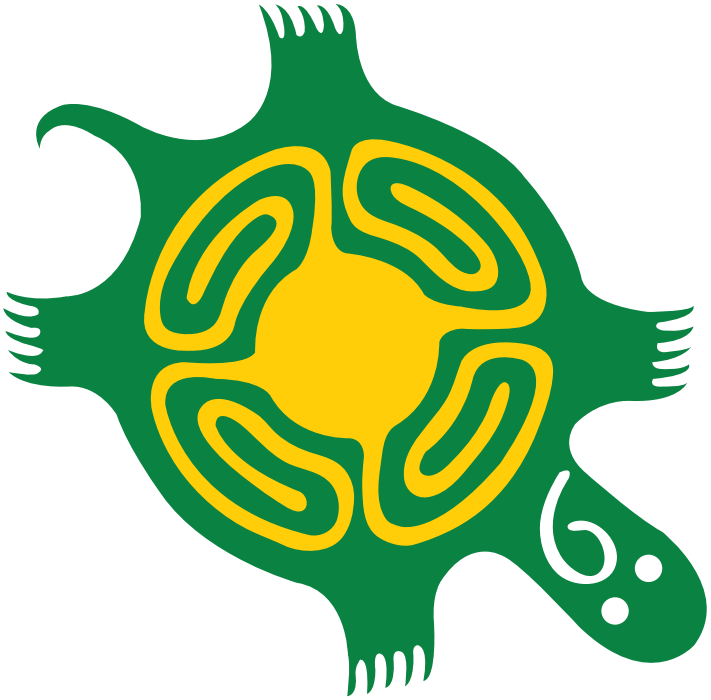
The second review looks at the program objectives and program plan. During any of the reviews, you may be contacted to clarify the information. If the application does not

meet the requirements, you will be contacted and may be asked to submit additional information. Once all the reviews are complete, the OAIANNHP recommends either funding or not funding to the Assistant Secretary.

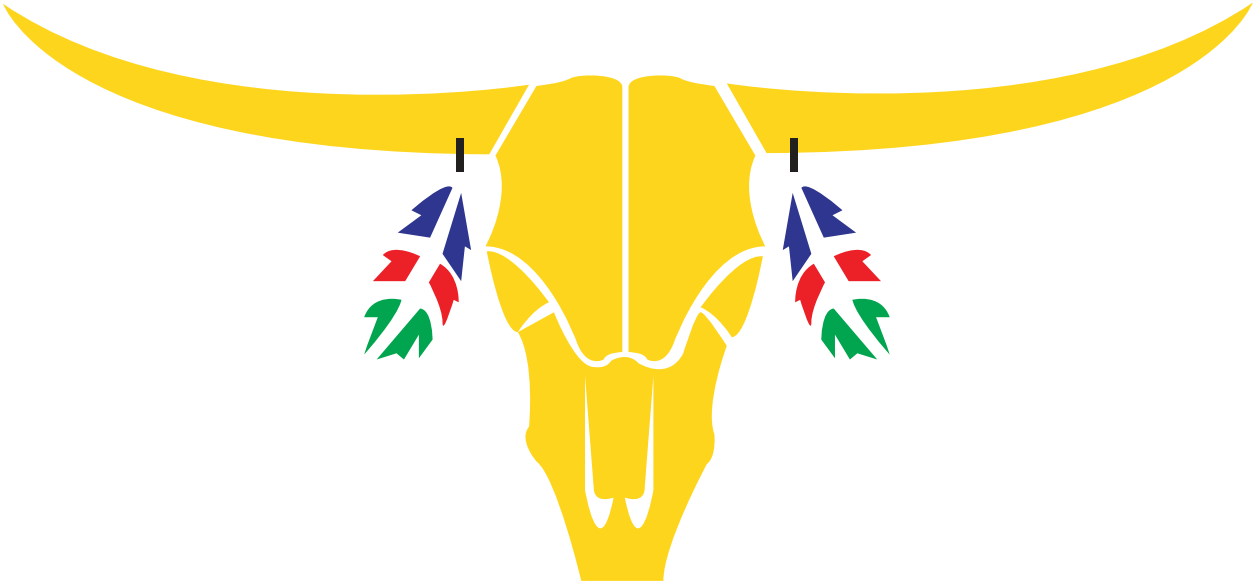
Grant Awards

Once the Assistant Secretary approves the grant application, the grants office issues a grant award letter stating that the grant has been approved, the time frame for approval – usually a 3-year grant period - and the funding level for the first year of the grant period. This is your official notification that your application has been approved. You will receive a new grant award letter each year of the grant period. The award letter is for a 12-month period and provides you the funding level for that year. You may receive more than one award letter since separate award letters are sent for Part A/B, Part C, and NSIP.

You need to keep your application in an easily accessible place and refer to it frequently. Your application shows what services you have been approved to provide. Any deviation from this approved application must be approved by AoA in advance of the change.



TITLE VI PROGRAM REQUIREMENTS



Chapter 2: Title VI Program Requirements

Key Considerations:

- Know the requirements for confidentiality and disclosure of information.
- Know the nutrition and supportive services program requirements.
- Know the Native American Caregiver Support Program requirements.
- Know the requirements for Title VI/Title III coordination.

As a Title VI Director, you are responsible for knowing and carrying out the requirements of all aspects of your Title VI program. This chapter discusses the major program requirements.

CONFIDENTIALITY AND DISCLOSURE OF INFORMATION

It is important to safeguard the confidentiality of elders participating in the Title VI program. The OAA requires that a tribal organization shall have confidentiality and disclosure procedures as follows:

1. A tribal organization shall have procedures to ensure that no information about an older Indian or **obtained from** an older Indian by any provider of services is disclosed by the provider of such services in a form that identifies the person without the informed consent of the person or of his or her legal representative. Disclosures are allowed if required by court order, or for program monitoring by authorized federal or tribal monitoring agencies.
2. A tribal organization is not required to disclose those types of information or documents that are exempt from disclosure by a federal agency under the Federal Freedom of Information Act (5-U.S.C.-552).

To document and assure that information is kept confidential, a program should have locked files and written policies and procedures on confidentiality. Check your tribal policies on confidentiality since they may have additional requirements.

COST SHARING, MEANS TESTING, AND MATCHING

Title III of the OAA allows states to implement cost sharing for all services except information and assistance, outreach, benefits counseling, case management, ombudsman, elder abuse prevention, legal assistance, consumer protection services, congregate and home delivered meals, and any services delivered through tribal organizations. Title VI does not allow cost sharing or means testing.

Unlike Title III, there is no matching funds requirement for Title VI.

NUTRITION SERVICES REQUIREMENTS

One very important component of keeping elders in their homes and communities is nutrition services. Adequate nutrition is critical to health, functioning, and quality of life. The 2005 Amendments to the OAA identify the purposes of nutrition services as:

- *To reduce hunger and food insecurity;*
- *To promote socialization of older individuals; and*
- *To promote health and well-being by assisting older individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.*

According to OAA Section 614(a), *"Each applicant shall provide nutrition services to older individuals who are Indians represented by the tribal organization substantially in compliance with the provisions of Title III, Part C, except that in any case in which the need for nutritional services for older individuals who are Indians represented by the tribal organization is already met from other sources, the tribal organization may use the funds otherwise required to be expended under this paragraph for supportive services."* In other words, if some other program is providing nutrition services, your Title VI funds do not have to be used for nutrition services.

General nutrition service requirements: The OAA requires the nutrition program to provide meals that:

- Comply with the most recent Dietary Guidelines for Americans (DGAs), published by the Secretary of the Department of Health and Human Services and the Secretary of the Department of Agriculture.
- Provide to each participating older individual:
  - A minimum of 33 $^{1}/_{3}$% the Dietary Reference Intakes (DRIs), if one meal a day is provided;
  - A minimum of 66 $^{2}/_{3}$% DRIs, if two meals per day are provided; or
  - 100% DRIs, if three meals per day are provided.
- To the maximum extent practicable, are adjusted to meet any special dietary needs of program participants.
- Provides flexibility in designing meals that are appealing.
- Comply with applicable provisions of state or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual.
- Program directors have the option to offer a meal to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside at home with older individuals eligible for services.
- Provide for nutrition screening, nutrition education, nutrition assessment, and counseling, if appropriate.
- Provide home bound elders available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines in the individuals' communities.

Additionally, the Title VI Regulations allow spouses of eligible elders to be provided nutrition services.

Congregate meal requirements:

- Five or more days a week, provide at least one hot or other appropriate meal per day and any additional meals which the recipient of the grant may elect to provide.
- Shall be provided in congregate settings.

Home-delivered meal requirements:

- Five or more days a week, provide at least one home-delivered hot, cold, frozen, dried, canned, or supplemental foods (with a satisfactory storage life) meal per day.
- Any additional meals that the recipient of the grant may elect to provide.

Guest meals: You are not required to provide guest meals. However, if you do, keep the following in mind:

- Any meal served to a person who is not eligible for nutrition services as a tribal member in the service area is considered a guest meal.
- Guest meals can only be provided if all the elders will be served. An elder cannot be turned away for a meal if a guest meal is being provided. Elders come first!
- Guests must pay the full cost of the meal, not just the food cost.
- The money collected for guest meals must be used to provide nutrition services.

Voluntary contributions for meals and other supportive services:

The OAA specifically prohibits means testing for services and cost sharing for any service delivered by Title VI grantees. The program must allow participants to voluntarily contribute. The program must:

- Provide the opportunity to voluntarily contribute to the cost of a service if the elder chooses to do so.
- Protect the privacy and confidentiality of each participant with respect to the contribution or lack of a contribution.
- Establish appropriate procedures to safeguard and account for all contributions.
- Use all collected contributions to expand the service for which the contributions were given. Thus, contributions for nutrition services must be used to expand nutrition services, contributions for transportation services must be used to expand transportation services, etc.

However, if an elder is unable or unwilling to contribute, you cannot refuse to provide them with services.

NUTRITION SERVICES IMPROVEMENT PROGRAM (NSIP) REQUIREMENTS

NSIP funds can only be used to purchase U.S. agricultural commodities and other foods. The 2005 Amendments to the OAA included language that commodities provided by NSIP should be foods of high nutritional value to support the health of older individuals. NSIP funds cannot be used to purchase foods imported from outside the US. Thus, coffee, bananas, and other imported foods cannot be paid for by NSIP funds. Additionally, NSIP funds cannot be used for salaries, other administrative costs, or transportation.

SUPPORTIVE SERVICES PROGRAM REQUIREMENT

Information and assistance is required, but, based on your needs assessment and your funding, you may provide any of the other supportive services identified in the OAA.

Information and assistance requirements:

Information is talking to elders about services, and assistance is actually helping the elder get the services. Your program must provide both information and assistance. To do this you must:

- Have a list of all services that are available to older American Indians/Alaskan Natives/ Native Hawaiians (AI/AN/NH) in your service area. This might be accomplished by having a "resource directory." You may want to coordinate this with the CHR program or the Public Health Nurse program since these programs usually work closely with the elders.
- Maintain a list of services needed or requested by the elders. Tracking the services elders request helps plan for the future, even if the service is not currently available. You may find that although your community does not offer a service, the service may be available through the Information and Assistance program funded with Title III resources. Elders who are eligible for these services should have the same access as non-Indian elders.
- Provide assistance to older AI/AN/NH to help them take advantage of available services. This assistance may be as simple as assisting an elder with a phone call or as difficult as assisting an elder fill out an application form for services. Remember that "information" is talking to elders about services, and "assistance" is helping elders get services.

Other supportive services requirements:

A tribal organization may provide any of the supportive services, either funded wholly or partly by Title VI funds. Examples of supportive service include, but are not limited to: outreach, case management, transportation, homemaker, home health aid, chore, visiting, telephoning, family support, etc. Some additional requirements are:

- If you elect to provide legal services, it shall substantially comply with the requirements in §1321.71 and legal services providers shall comply fully with the requirements in §1321.71(c) through 1321.71(k).

TITLE VI PART C–NATIVE AMERICAN FAMILY CAREGIVER SUPPORT PROGRAM REQUIREMENTS

The Native American Family Caregiver Support program can serve two types of unpaid family caregivers:

1. **Family caregiver:** An adult family member, or another individual, who is an unpaid informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
2. **Grandparent or older individual who is a relative caregiver:** A grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption, who is 55 years of age or older and
    - Lives with the child;
    - Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
    - Has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.

There are five required services for the family caregiver support program. However, if some other program is providing the service, you do not have to provide it directly but must coordinate with the other program to ensure the caregivers can use the program.

The five required services are:

1. Information to caregivers about available services.
2. Assistance to caregivers in gaining access to the services.
3. Individual counseling, organization of support groups, and caregiver training to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their care giving roles.
4. Respite care to enable caregivers of frail elders to be temporarily and intermittently relieved from their care giving responsibilities.
5. Supplemental services, on a limited basis, to caregivers of frail elders to complement the care provided by caregivers.

TITLE VI AND TITLE III COORDINATION

The OAA requires Title VI and Title III to coordinate those services that are provided within the Title VI service area. Coordination is required to avoid duplication of services and maximize available resources. The requirements for coordination are found in the following sections of the OAA:

1. **Sec. 614(a)(11):** Each **Title VI application shall** contain assurances that the tribal organization will coordinate services provided under this part with services provided under Title III in the same geographical area.
2. **Sec. 306(a)(11)(B):** Each **Area Agency on Aging plan shall** provide information and assurance concerning services to older individuals who are Native Americans, including an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under Title VI.
3. **Sec. 307 (a)(21)(A):** The **state plan shall** provide an assurance that the State agency will coordinate programs under this title and programs under Title VI, if applicable.

Additionally, several requirements in Title III apply to coordination with tribes. These include:

- Sec. 306 Area Plans: (a)(1) each area plan shall provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such areas (taking into consideration, among other things, **the number of older individuals who are Indians residing in such areas)**, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or center to meet such need. Sec 306 Area Plans: (b)(3) an area agency on aging (AAA), in cooperation with governmental officials, state agencies, **tribal organizations**, or local entities, may make recommendations to government officials in the planning and service area and the state, on actions determined by the AAA to build the capacity in the planning and service area to meet the needs of older individuals for health and human services, land use, housing, transportation, public safety, workforce, and economic development, recreation, education, civic engagement, emergency preparedness, and any other service as determined by such agency.
- Sec. 306 Area plans: (6)(G) if there is a significant population of older individuals who are **Indians** in the planning and service area of the AAA, the AAA shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act.
- Sec 306 Area plans: (11) provide information and assurances concerning services to older individuals who are **Native Americans** including information concerning whether there is a significant population of older **Native Americans** in the planning and service area and if so, an assurance that the AAA will pursue activities, including outreach, to increase access of those older **Native Americans** to programs and benefits provided under this title; an assurance that the AAA will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under **Title VI**; and an assurance that the AAA will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older **Native Americans.**
- Sec 307 State plans: (a)(21)(B) provide an assurance that the state agency will pursue activities to increase access by older individuals who are **Native Americans** to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the state agency intends to implement the activities.
- Sec. 307 State plans: (a)(24) the plan shall provide assurance that the state will coordinate public services within the state to assists older individuals to obtain transportation services associated with access to services provided under this title, to services under **Title VI**, to comprehensive counseling services, and to legal assistance.

In addition to specific language in Title III for tribes, Native Americans and Title VI, there are many other requirements for rural, low income, and limited English speaking older individuals. Most of our elders meet these definitions. If you have not been involved in helping to develop the AAA and state plans, you are encouraged to get a copy of both plans and meet with the AAA and state directors to discuss how they can work with you to meet these requirements. Also, find out when the plans are being updated or rewritten (typically every 3-5 years) and ask to be on the advisory or other committees. Be sure to attend the public meeting when the plans are being developed so you can provide input so your elders can receive all the services they are eligible to receive.

TITLE VI PROGRAM MANAGEMENT

Chapter 3: Title VI Program Management

Key Considerations:

- Management means getting the job done through planning, organizing, budgeting, staffing, directing, and evaluating.
- Policies and procedures guide your program and help to assure all staff and clients are treated equally.
- Confidential information must be protected at all times.
- Program staff must have a **"need to know"** to have access to records.
- Emergency/disaster planning is essential since elders have special needs and concerns during an emergency or disaster.

Management is like weaving a basket with the budget, program requirements, staff, elders, among other factors. All the pieces have to come together, or the basket gets crooked or weak. The most important part is the elders – without them, you would not have a program to manage.

WHAT MAKES AN ELDER WANT TO PARTICIPATE?

Think about why you do what you do. You may enjoy an activity, you may seek interaction with others, and you may do something because you think it a good idea for your health, happiness, or general well-being. Elders are really no different but may need assistance, like transportation, to participate. Some may feel they cannot participate because of a sensory (vision, hearing) loss or may be embarrassed by a physical or mental disability. Others may have some history to overcome before they can feel welcomed by others. A big part of program management is to provide programs and services that elders, including hard to reach elders, want and to provide what is necessary for them to be able to participate.

Elders thrive when they are able to interact with one another. They gain from successes large and small. Elders have much to offer if we simply:

- Listen to them – understand their likes and needs.
- Respect their personal dignity and uniqueness.
- Get to know them personally and understand their history.
- Design services which are varied enough to match individual preferences and skills.

MANAGEMENT

Management includes the following:

Planning and organizing: Identifying services, programs, and/or activities that need to be developed to achieve your program goals.

- The first step is to identify what you want to accomplish – your program goals. This is usually a group process that includes staff, elders, and others involved in you program.
- The next step is to conduct a needs assessments, both general assessments and individual assessments, to identify what services elders are already receiving and what additional services they need. Remember to keep these needs within the scope of the program.
- Once the needs are identified and prioritized, the next step is to identify actions for both meeting grant requirements and addressing the priority needs.
- The next step is to identify what results you expect to accomplish because of these actions.
- Establish a work plan with specific tasks to make the goals a reality.
- Look at the whole job and complete the tasks in the right order (e.g., write the menu before ordering food; conduct a client assessment before deciding what in-home services are needed; review the job description and position before you hire a new staff member).
- Prioritize duties. Don't allow non-essential, but favorite tasks prevent you from completing those things you may not like as well, but are best for the program.
- Plan for evaluating program outcome.

EXAMPLE: Goal: For elders to remain active in their community.

Needs Assessment found:

60% of elders participate in social/cultural activities.

40% of elders do some type of physical activity at least 5 days a week.

Desired Outcome:

70% of elders participate in social/cultural activities

50% of elders do some type of physical activity at least 5 days week.

Action Steps:

1. Provide aerobics classes three days a week at the Senior Center.
2. Coordinate with the Tribal Health Educator for three water Aerobics classes a week at the community center.
3. Take a bus of elders to the state Senior Olympics.

Evaluation:

1. The number of participants completing the classes.
2. Needs assessment.

When planning services for elders, keep in mind these important facts:

- There should be plenty of free time for informal activities, talking, and visiting.
- Avoid any similarity to charity or paternalism in the program.
- Broad community interest, cooperation, and support are essential.
- Meeting places should be conveniently located and suited for multi-purpose use.
- Provide opportunity for all tribal elders to participate in some manner, regardless of ability or skill.
- Take positive advantage of publicity. Talk up your services and activities!
- Good leadership skills are essential for the director. Don't let the "NO" people take away your enthusiasm for your elders. Don't let the "YES" people make all the decisions.

Budgeting: Identifying the money and other resources required to meet objectives and provide the services identified by the plan

- Although a budget is not a required part of your Title VI application, many Tribal Councils require programs to submit a budget. Even if you are not required to, you are encouraged to develop a budget as soon as you know your funding amount.
- You need to find out what indirect cost your tribe is charging your program. You also need to find out what is included in this indirect cost so you will not be paying twice for the same service. For example, some tribe's indirect cost rate includes rent so the tribe cannot also charge the program for rent on the senior center.
- A simple budget can include the following items:
  - Staff salary and benefits.
  - Food costs for last year plus an additional 3%.
  - Supplies and other expenses last year (rent, utilities, administrative support).
  - Divide each of these dollar amounts by 12 and compare your expenses each month in each category to this amount.
- Keep good records to determine if you are staying within your budget. Make copies of all invoices before you process them for payment.
- Coordinate your record keeping with your finance office so that everyone has the same information on which to make decisions.
- If you are under budget (spending less than you have budgeted in a category) you need to find out why and adjust your budget accordingly. Tracking funds carefully will allow you to be certain to spend your resources in the time allowed and prevent the need to carry money over to the next grant period. While carry over of unexpended funds are allowed within a project period, large carry over amounts indicate poor program planning or may be a red flag that your program is in trouble.

Staffing: Finding the best possible person to do the best possible job on behalf of your program and the people it serves. Staffing includes both paid staff and volunteer staff.

- Proper staffing can make or break a manager and a program. Choosing people who are self-motivated, goal setters, and have a heart for the needs of older people will serve programs well.
- Staffing includes:
  - **Recruiting:** finding individuals to apply for positions
  - **Selecting:** choosing staff to fill positions by matching their skills with the tasks to be accomplished
  - **Training:** teaching staff the skills to accomplish their jobs
  - **Promoting:** encouraging personal growth and advancement in the workplace
  - **Discharging:** discontinuing employment with staff members who fail to meet the requirements of the position
- Even when you "inherit" your staff with a program, you can provide training and set an example for good work.
- Effective and on-going training and recognition are necessary to develop and maintain quality staff and run a quality program.
- Every position must have a job description that is updated and reviewed frequently.
- All staff must know the program goals and how their activities fit into accomplishing them.
- When you are considering discharge of staff, make sure that you are familiar with tribal policy and have adequate documentation.
- Consider volunteers as part of your staff. As such, volunteers need job descriptions, training, schedules, evaluations, and monitoring.
- Don't forget to recognize your staff and volunteers. A kind word or a "job well done" can make anyone's day a little brighter.

Where to find staff: There are a several programs where you can provide on-the-job training and get a qualified worker for very little money. Tribal "Welfare to Work" programs, Title V Senior Employment Programs, VISTA, Job Corps, and Senior Corps are all possible places to find high quality, dedicated workers to support your senior programs.

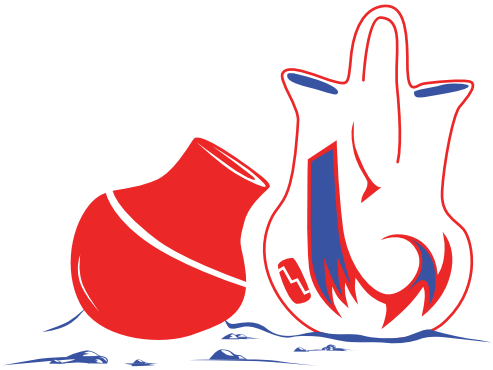
- Tribal employment offices are usually a first stop. Seek their assistance to find local people willing to work and be trained to work with older people.
- Title V is a senior employment program that trains low income older people (55+) for new careers or jobs. Usually the salary of the older person is paid by the senior employment program.
- Colleges and high schools have a variety of community service, internship, or practicum opportunities. Seek students in the area you need assistance: recreation, geriatrics, health education, computers, art, occupational or physical therapy, or physical education. Students benefit from real-world experience and the elders benefit from their enthusiasm and skills.
- Senior Companion Programs and Foster Grandparent programs can offer needed services to your tribal community. Although often these services happen informally in Indian Country, it is important to note that there may be some expertise and ideas available to you if you contact the people who operate these programs in town.

Volunteers: You are encouraged to use volunteer in your programs. Properly trained and utilized volunteers can help you expand your services as well as try new activities. The 2005 Amendments to the OAA requires that the Assistant Secretary on Aging encourage and permit volunteers. What type of volunteers might you need?

- Long term: volunteers that routinely help serving and delivering meals or who volunteer a few hours every month doing specific activities such as caregiver support and volunteer respite.
- Short term or episodic: those who volunteer once or twice a year for specific activities such as a Christmas party or an honor luncheon for caregivers.
- Elders: some elders like to give back to their communities. The Retired Senior Volunteer Program (RSVP) frequently has older adults interested in donating their services to the community. Older people are often the best people to reach elders who are isolated, have disabilities, or need additional assistance to participate in activities.
- Students: those who volunteer to gain experience. For example, some may help you teach aerobics dance, line dancing classes, or other health promotion activity; nursing and pharmacy students could take blood pressures and do other screenings. You may be able to partner with a local school, church, or Boys & Girls Club to have students volunteer to rake leaves or shovel snow for home-bound elders.
- Virtual volunteering: those with computer access can help by doing activities such as writing, editing, or finalizing the newsletter. They also can help set up mailing lists or create computer designs for posters and flyers to advertise your activities.

Volunteers should be utilized for their best talents and abilities. You should have a job description for volunteer positions just like you have for your paid staff positions. You should have all your volunteers sign a memorandum of agreement so they know what is expected. An example of a Volunteer Staff Memorandum is included in Appendix B.

Depending on the job and your tribal policies, you may need to do background checks on volunteers. You also need to check with your tribal human resources department for coverage of volunteers under tribal insurance for accidents and liability.



Evaluation can determine if program operations met established goals, if people learned from their mistakes, can identify weaknesses, and help insure quality programs.

- Establish program evaluations to measure accomplishments and identify problems.
- A variety of assessments can be used (client satisfaction surveys, formal evaluations, employee evaluations, financial evaluations).

TIME – THERE IS NEVER ENOUGH!!!

Time Wasters

- Lack of objectives, priorities, and deadlines
- Small crises
- Spending too much time on the unimportant
- People/telephone/email interruptions
- Doing other people's work
- Meetings
- The stacked desk
- Procrastination
- Waiting for others

Solutions

- Identify what is important, then plan your day
- Prioritize and set deadlines
- Delegate to others
- Let subordinates do their own work
- Start and end meetings on time
- Do unpleasant things first, don't procrastinate, and do it now
- Have a hideaway and regroup
- Maintain perspective

Since there never is enough time to do everything, managing your time is essential. You can do a periodic check of your habits to see where you are spending most of your time and where you need to make adjustments to be more efficient.

WHY POLICIES AND PROCEDURES?

Policy and procedures, put together in a policy manual, are vital because they provide the rules and guidance for your Title VI program. Tribal governments will probably have policies and procedures for many administrative, personnel, and financial activities.

You need to review these, select those that are applicable to your program, and develop additional policies and procedures specific to the needs of your program.

The terms "policies and procedures" are often used together. However, it is important to understand the difference between a "policy" and a "procedure." Webster's dictionary defines policy as "a definite course or method of action selected among alternatives, and, in the light of given conditions, to guide and, usually, to determine present and future decisions." Policies guide the implementation of programs. For Title VI programs, any of the OAA requirements should have a written policy. For example, Title VI requires that you provide elders with the opportunity to voluntarily contribute to the cost of a service. Thus, you need to develop a policy of voluntary contributions, including what the contribution can be used for, and privacy issues. Policies usually require high-level approval.

Procedures are the steps or activities necessary to achieve the policy. Procedures related to a policy on voluntary contributions might describe how voluntary contributions are solicited from elders and how records are kept to account for the receipt of the contribution.

Developing a Policy and Procedure Manual: Every Title VI program is different and your policies and procedures should reflect these differences by individualizing policies to meet local situations. A standard format in your policy and procedure manual will make it easier to use. Policies should be dated so that older policies can be reviewed in the light of new legislation or tribal regulations.

> Example: Voluntary Contributions/Donations
> POLICY: All participants will be offered the opportunity to contribute to the cost of any service provided through this program. No means test will be used and no eligible participant will be denied services regardless of whether or not s/he contributes. All contributions will be used solely for the purpose of expanding the service for which the donation was made. (December 2007)

PROCEDURES:

1. A notice of this policy with a suggested donation amount will be posted at the Senior Center.
2. An information sheet will be given to each new program participant to explain how they can donate.
3. Participants will be informed orally of this policy at least once a year.
4. A metal "lock-box", clearly labeled "DONATIONS", will be provided in an easily accessible place at the Senior Center and other places where activities are held.
5. All appropriate safeguards will be used to assure protection of donations.
6. Every Friday, the Director, or designated person, and one other person will count all donations, identify what program the donation was for, prepare a deposit slip initialized by both people, and deposit it with the fiscal office.
7. Donations will be included as program income on the SF 269.
8. A system will be put into place to ensure all donations are used solely for the purpose of expanding the service for which the donation was made.

Implementation and training is another important step in developing a policy and procedures manual. All staff must understand the need to follow the approved policies and procedures and need to be aware of new or revised policies and procedures. If it is a major change, program directors should conduct a formal training session so all staff will get the same information. Information about minor changes could be provided in a memo, posted on the bulletin board, or other informal methods.

RECORDS, CONFIDENTIALITY, AND RELEASE OF INFORMATION

Records with information about program participants must be protected. The OAA regulations specify that no information about a participant or obtained from a participant by this program will be disclosed in a form that identifies the person without the informed consent of the person, or of his or her legal representative. An exception to this rule is if the disclosure is required by court order or for program monitoring by federal funding agencies or tribal council requirements. No information will be disclosed that is exempt from disclosure by a federal agency under the Federal Freedom of Information Act, 5 U.S.C.502.

What Is a Record? A record is defined as any information, whether or not it is written down and recorded, that is collected by a program. This includes information obtained from a program participant or about a program participant. Records may be kept in a folder, binder, file cabinet, or computer system and do not have to be written. Tape recordings, video recordings, computerized data, and microfilms must be treated as record information.

Examples of records are:

- Participant logs;
- Sign-in sheets for meals;
- Intake forms;
- Assessment forms;
- Referral reports to other agencies;
- Follow-up reports on referrals to other agencies; or
- Dates and purposes of contacts.

Who Has Access to Records? Many people working with elders and their families provide documentation about a specific problem or need. Thus, it is important to develop policies and procedures on who has access to which records and under what circumstances, who can make copies, who can provide information about elders to telephone callers and who has the responsibility to determine emergency situations. Your policy should specify who will make the final decision about who is able to view information in a client's record.

The hospital or clinic medical records staff can provide valuable information to assist you in developing your policies and procedures on records.

All staff should have signed a confidentiality agreement as part of their employment. An example is included in Appendix B. You should only allow access of the record to those staff and consultants with a **NEED TO KNOW** in order to carry out their job. Nosey staff should not be allowed to read a record, even if a family member is inquiring about an elder. In addition to staff, private consultants may need to have access to records, and copies of private consultants' documents may be maintained in the records. The following is a guide for identifying who may or may not have open access to records.

Persons Who May "Need to Know"

Access to Full Record:

- The program participant who is the subject of the record
- Management staff (i.e., the director) and supportive service/outreach workers
- Federal officials from the granting agency and on-site reviewers
- External licensing authorities

Limited Access: (e.g., address of client, aggregated information)

- Cooks, bus drivers, secretaries, and volunteers performing secretarial services
- Training and technical assistance providers
- Peer reviewers

Special Access: (consider on an individual basis according to established policy)

- Staff of other tribal programs; professional consultants
- Computer and data processing personnel
- Volunteers performing supportive service aid and outreach aid
- Tribal council members, attorneys, legal council, and auditors
- Other public and private funding agencies providing funds to support the operation and services provided by the program
- Researchers

Persons who should not have access:

- Some program staff, such as cooks helpers
- Other program participants and visitors
- Friends or family of program participants without legal or written permission
- Tribal members and staff not involved in a professional capacity with the program or clients

POLICIES AND PROCEDURES ON CONFIDENTIALITY

The policies and procedures must clearly spell out the confidentiality rules and anyone having access to confidential records must receive training on maintaining confidentially of records. The confidentiality rules also should be stated in job descriptions. Policies and procedures need to specify the disciplinary action that will be taken for breaking the confidentiality policies. It is recommended that a signed Confidentiality Statement be part of every employment process and included in each employee's personnel file with a copy given to the employee for their personal use and review.

The following should be considered when developing or revising policies and procedures:

- Keep all records under lock and key when not in use. At the end of the day, records should be locked in a file cabinet, or special storage area.
- Do not leave records unattended for any length of time.
- Do not have the records visible when meeting with any staff member.
- Establish a sign-out system so that you know where the record is, and who has it, at all times.
- Specify who can make photocopies of an elder's information, under what circumstances they can be made, and how the photocopies are safe guarded.
- Keep information and/or materials regarding elder abuse and neglect separate and secure from the main record.
- All recorded materials must belong to the program. Staff should not be allowed to keep them when they leave the program.
- There should be a specific policy stating how long records will be kept before they are declared outdated and then destroyed. 45 CFR 92 establishes uniform administrative rules for federal grants and cooperative agreements and sub awards to state, local, and tribal governments. Part 92.42 is on retention and access requirements for records:

> *92.42 (a) Applicability. This section applies to all financial and programmatic records, supporting documents, statistical records, and other records of grantees or sub grantees which are: (i) required to be maintained by the terms of this part, program regulations or the grant agreement, or (ii) otherwise reasonably considered as pertinent to program regulations or the grant agreement.*
>
> *(b) Length of retention period. Except as otherwise provided, records must be retained for 3 years from the starting date specified in paragraph (c) of this section. If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the 3-year period, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular 3- year period, whichever is later.*
>
> *(c) Starting date of retention period. When grant support is continued or renewed at annual or other intervals, the retention period for the records of each funding period starts on the day the grantee or sub grantee submits to the awarding agency its single or last expenditure*

report for that period.

(d) Substitution of microfilm. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records.

(e) Access to records. (1) Records of grantees and sub grantees. The awarding agency and the Comptroller General of the United States, or any of their authorized representatives, shall have the right of access to any pertinent books, documents, papers, or other records of grantees and sub grantees which are pertinent to the grant, in order to make audits, examinations, excerpts, and transcripts. (2) Expiration of right of access. The rights of access in this section must not be limited to the required retention period but shall last as long as the records are retained.

(f) Restrictions on public access. The Federal Freedom of Information Act does not apply to records. Unless required by federal, state, or local law, grantees and sub grantees are not required to permit public access to their records.

- Thus, the retention period for your Title VI grant is 3 years after the date you submit your final reports for the 3-year grant period. If you submitted your final reports for the previous grant period, April 1, 2005 - March 31, 2008, on April 15, 2008, your reports and records for that grant period must be kept until April 15, 2011. After April 15, 2011, you can destroy those records. Any reports and records for grant periods before April 1, 2005 - March 31, 2008 can be destroyed (unless you have any litigation, audit, or other action that has not been resolved about the grant periods).
- There should be secure methods for destroying records. Shred records before placing in the trash or recycle bin.

Release of Confidential Information from Records

Requests for release for confidential information in records may come from many sources and some can be quite insistent that they have a "need to know" or even a "right" to such confidential material. Information must never be released automatically. For any request you must first determine whether the information can be released and in what manner. An example of a release form in provided in Appendix B. The following is a guide to follow no matter who requests confidential information from records.

1. Permission must be obtained before information is disclosed in almost all situations. Technically, the information recorded in an elder's file belongs to the elder and the program only.
2. There are exceptions that a program should specify in its policies and procedures on confidentiality. For example, emergency situations to save a person's life or when protection of an elder is involved; state and local laws regarding the right of privilege communication.
3. An elder must be informed of the purpose for releasing information in their record in order for them to determine whether or not to give permission to release the information. This is called "informed consent" and means that the person knows what they are agreeing to. In order to provide informed consent, the elder or caregiver/guardian must:
    - Be told that there is a request for certain information and be told exactly who is requesting the information by providing the name, position, and agency or program;
    - Understand what information is requested, why it is being requested, and how it will be used;
    - See the material or have it read and explained in terms that can be understood, and available in native language, if appropriate;
    - Have an opportunity to correct or include additional information to assure its accuracy and completeness before it is released;
    - Have a right to deny release of the information or specify that the information can not be given to a third party without expressed permission of the elder/caregiver/guardian;
    - Understand what the consequences may be for releasing or not giving permission for the information to be released;
    - Understand that the information to be released is time limited and can be taken back;
    - Sign a release of information form and receive a copy of each specific request; and
    - Never sign a release form with blank lines or missing information.

All requests for information should be made on an "Information Release Form." An Information Release Form should contain the following information [at a minimum]:

- The agency, department, and individual seeking the information;
- The exact name, address, position, and related identifying data regarding the party to whom the disclosure will be made;
- A concise description of the material requested to be released;
- The purpose for requesting the information, why the requesting agency wants it, and how the agency will use the information;
- Limitations imposed upon the party who will receive the information, e.g., whether the information can be released to a third party, and under what conditions, if any;
- The period of time the release of information is valid (expiration date);
- The signature and date the request is approved or denied by the elder or guardian;
- The signature and date of the person making the request;
- A statement that the information provided will be used only for the purposes stated on this Information Release Form; and,
- Who will receive a copy of the Information Release Form (i.e., guardian, agency, and file)

All of the points listed above should be discussed with the elder or their guardian prior to signing of the form to assure that their rights are not affected. These informed consent forms must be maintained in a file. A new form must be signed whenever one of the following cases is true:

- A new request or additional information is being requested;
- There is a change in the party to whom the data is being released;
- The information release form has expired; and,
- The elder or caregiver/guardian has revoked the permission.

A program's policy and procedures should formalize the release of information. Sharing information about an elder should not be handled in an informal way among staff or with other staff of tribal programs and/or community agencies.

OTHER FEDERAL LAWS TO PROTECT PRIVACY - HIPAA?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a law to protect healthcare information. While not all of the elder's information would be considered healthcare information, the confidentiality rules that HIPAA training recommends could assist you in developing your policies and procedures. There are two online trainings that take very little time and will provide you with some excellent ideas for developing a confidentiality plan. These trainings can be found at

http://www.goer.state.ny.us/Train/onlinelearning/HIP/intro.html and

http://www.tulane.edu/~contract/HIPAA/HIPAA_training/.

CLIENT RECORDS

There are many types of information you may want to include in a client record. Appendix B provides an example of a client intake form you may want to use for all program participants. It includes specific information about each participant. You may want to use specific forms for home delivered meal clients and clients you are case managing. Examples of these forms are included in Appendix D for nutrition services and supportive services.

TITLE VI ADVISORY COMMITTEES OR ADVISORY COUNCILS

While Title VI advisory committees or councils are not required, they are useful in helping you get expert advice, ideas, and diverse opinions. They also provide a means for elders and others to provide input into the Title VI program. The purposes of an advisory council are: to advise you, the Title VI Program Director, on programs and services for elders and their families; facilitate interagency collaboration; and stimulate community awareness of elder issues.

The Title VI Director has the authority to establish, as well as disband, an advisory council. You should establish job descriptions for each position on the advisory council so everyone will know their role. Every council member should understand that their role is to advise the Title VI Director, but that the Director is responsible for final decisions. Additionally, everyone should understand that the Director does not answer to the advisory council or have to justify the reasons why they are not taking the council's advice or recommendations.

Activities outside the scope of the advisory council include:

- Staffing decisions (hiring, firing, etc.)
- Program policies and procedures
- Program budget

Considerations when establishing an advisory council:

- Are there tribal policies on advisory councils?
- What should be the size of the council, how many people, and who should be represented on the council?
- How will council members be selected?
- How long is a council term? Can the person serve more than one term? Should the terms be staggered?
- What will be the primary leadership positions? Chair, Vice-chair, Secretary?
- What other positions will be required? Committee chairs?
- What are the operating procedures? These should include the scope of activities of the council and should be developed by the council and approved by the Title VI Director.
- How will council members be trained?
- How often will meetings be held? Who can attend the meetings? Will there be open meetings so anyone can attend but only council members can vote?
- What actions require a vote?
- How will information from the council meetings be conveyed to the Title VI Director?

Examples of job for the different advisory council positions and advisory committee members are included in Appendix B.

PREPARING FOR EMERGENCY AND DISASTER SITUATIONS

An emergency is "an event or situation which threatens serious damage to human welfare" and a disaster is "an occurrence causing widespread destruction and distress, a grave misfortune, a total failure..." Frequently these two terms are used together or are used interchangeably. An emergency/disaster requires immediate and effective intervention of multiple government and private sector organizations to help meet the needs of the community and area just after the disaster occurs and the area and people begin to recover.

- Your tribe should have an emergency/disaster team and a plan. If you are not on the team, find out how you can become a part of it to assure appropriate planning for the elders is included in the overall tribal plan. Tribal elders are hit hard in emergency and disaster situations for many reasons, including:
- They are isolated geographically and there is a lack of adequate transportation.
- There may be limited access to media for disaster relief information.
- Many tribes are reluctant to seek assistance from the state.
- There are language barriers.
- Many personal questions are asked on assistance forms.

Presidentially-declared disasters are declared by the U.S. President and usually have catastrophic conditions of:

- Widespread disaster that affects a large area or a large number of people
- Large number of casualties and property loss
- Disruption of life support systems
- Collapse of infrastructure

Non-presidentially-declared disasters may be declared by a local or tribal official, but limited federal resources, if any, are available, and have conditions of:

- Usually small isolated land areas
- Single, limited incidents

Emergency situation is "any occasion or instance for which, in the determination of the President, federal assistance is needed to supplement efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the U.S."

Resources for Emergency/Disaster Planning

AoA has developed some resources to assist you in emergency/disaster planning:

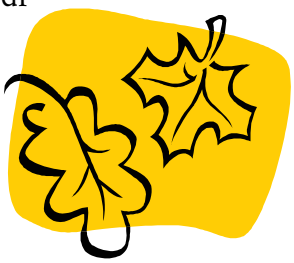
- A guide for disaster planning http://www.aoa.gov/prof/preparedness/preparedness.asp#guide
- Just in Case: "Emergency Readiness for Older Adults and Caregivers" has step-by-step information to help older adults prepare for a disaster/emergency. It includes helpful checklists, contact lists, and a medication list that can be filled in.

This is available at:

http://www.aoa.gov/PROF/aoaprog/caregiver/overview/Just_in_Case030706links.pdf

There are many other good references about elders and disasters that will give you tips for consumers and program considerations in a disaster. Remember that your program may be the only source for information about where frail elders live and what their needs may be. Furthermore, elders naturally call their program for assistance when they need it, and knowing what to do before you need to act will help save valuable time and lives. The following are resources for disaster planning:

- http://download.ncadi.samhsa.gov/ken/pdf/SMA99-3323/99-821.pdf
- http://www.cdc.gov/aging/pdf/disaster_planning_goal.pdf
- http://www.aarp.org/katrina/
- http://edis.ifas.ufl.edu/FY620
- http://www.redcross.org/article/0,1072,0_312_6709,00.html



AOA DISASTER ASSISTANCE

AoA can provide grants to states and tribal organizations in Presidentially-declared national disasters. Only state agencies on aging and tribal organizations funded under the Older American Act in the affected areas may apply for disaster funds. Information on applying for the funds can be found at http://www.aoa.gov/doingbus/fundopp/fundopp.asp.

AGENCIES TO KNOW ABOUT FOR EMERGENCY AND DISASTER ASSISTANCE

Federal Emergency Management Agency (FEMA): FEMA has the primary responsibility for administering Presidentially-declared disaster relief programs. After an area has been declared as a Presidential Disaster, FEMA will set up a Disaster Assistance Center (DAC), where disaster victims go to apply for assistance. FEMA can provide assistance in the form of information, temporary housing, unemployment assistance, individual and family

grants, legal services, crisis counseling, loans, agricultural assistance, veterans' assistance, tax relief, waiver of penalties for early withdrawal of funds from certain time deposits, and the Cora Brown Fund (catch-all monies).

Small Business Administration (SBA): The Small Business Administration works hand-in-hand with FEMA. In order to be eligible to apply for a FEMA grant (money that does not have to be paid back), an individual must complete an application for an SBA loan. Many older persons do not complete the SBA loan application for fear of having to accept a loan that they cannot repay. In other cases, older persons are faced with the problem that they are not eligible for a loan and are only eligible to receive a FEMA grant (currently $12,200). **It is important that you are as informed as possible so elders can get the maximum assistance.**

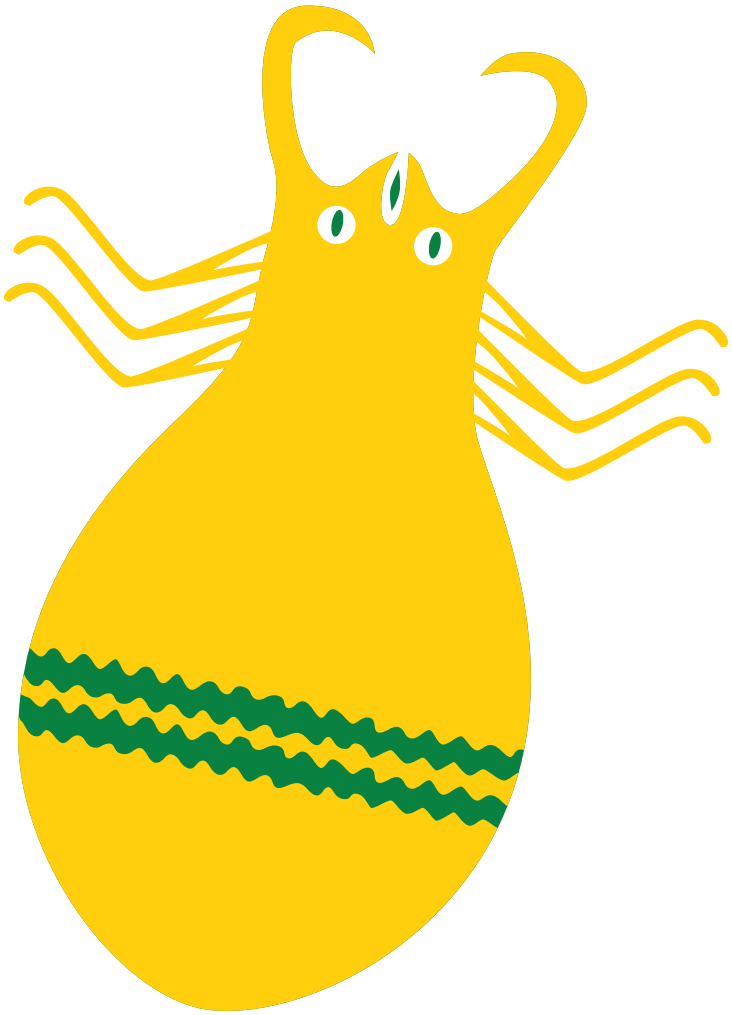
Department of Housing and Urban Development (HUD): HUD is the lead federal agency dealing with housing. HUD can provide: grants to pay private rent; development of mobile home parks as temporary housing; community loans through Community Development Block Grants (CDBG); and housing vouchers, waiver, or flexibility and suspension of certain HUD requirements, and others. Contact your tribal housing authority or local HUD office for additional information.

The American Red Cross: The American Red Cross, which operates under a federal charter, provides grants and other types of assistance to individuals and families affected by disasters to meet their emergency needs. The Red Cross can provide their types of assistance in any type of disaster - small, large, declared or non-declared. Victims of a single household fire can be assisted by the Red Cross. Look in the local telephone directory for the American Red Cross Chapter which serves the Title VI area.

Corporation for National Service: Corporation for National Service can supply VISTA volunteers to work as Disaster Advocates for older persons. This effort has been very successful and gives older persons a division of workers who are focusing on senior issues.

The Salvation Army: The Salvation Army is one of the key components of volunteer agencies who provide relief in disasters. Services they can provide include food kitchens and other relief efforts.

TITLE VI PROGRAM ACCOUNTABILITY



Chapter 4: Title VI Program Accountability

Key Considerations:

- Develop good habits for daily recording of meal counts and services provided. Consolidate daily forms on a monthly basis. This will make the annual report much easier to accomplish and assure that you are accurately reporting all services you are providing.
- Have forms readily available for record keeping.
- Be accurate when keeping records and filling out the required forms.
- A needs assessment must be conducted during each grant project period to identify nutrition and supportive services needs.
- Evaluation is an ongoing process and can take many forms. Program evaluation measures progress against objectives established at the beginning of the program. Client evaluation measures client satisfaction with the services provided.

Program accountability is becoming increasingly important for all programs. The program accountability requirements of the Older Americans Act include:

- *The grantee must use such methods of administration as necessary for the proper and efficient administration of the program;*
- *Fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for federal funds paid under Title VI;*
- *The tribal organization will make such reports in such form and containing such information as required by AoA and assure the correctness of such reports; and*
- *Provide for periodic evaluation of activities carried out under the Title VI application.*

WHAT IS PROGRAM ACCOUNTABILITY?

Program accountability includes:

- What did we plan to do?
- What did we actually do?
- How much did we do?
- How well did we do it?
- How much change did we produce?
- Did the change we caused make a difference?
- Is anyone better off because of our services?
- Did we stay within our budget?
- Did we report to AoA, tribal council, elders, and the community?
- How can we improve?

You need to keep records in order to answer any of these questions. Some of the records you need to keep include:

- Approved Title VI application
- Client intake form
- Needs assessment
- Case management record
- List of unduplicated count of elders for congregate meals, home delivered meals, and supportive services
- Daily logs for congregate meals, home delivered meals, transportation, and other supportive services
- Family Caregiver Support Program services log
- Attendance records at health promotion and other programs
- Budget
- Purchase orders and other financial expenditures
- Contributions/donations
- Volunteer agreement
- Confidentiality statements
- Signed agreements with other programs
- Client satisfaction forms
- Program evaluation
- Employee performance evaluations

Examples of some of these forms are included in Appendix C and are also available online at http://www.olderindians.org.

NEEDS ASSESSMENT

The OAA requires that you conduct a needs assessment prior to completing your application and use the information from the needs assessment in developing your program plan. You may conduct a needs assessment any way you want to do one. However, to make it easier and more uniform, the National Resource Center on Native American Aging (NRCNAA) at the University of North Dakota has developed a needs assessment for Title VI grantees to use. They help you plan for your survey, teach you how to conduct the survey, and do the analysis for you.

In addition to providing information needed for your Title VI application, the needs assessment survey instrument developed by NRCNAA can help with other tribal planning activities, long-term care discussions, and grant-writing. In addition to receiving information about your elders, you will also get a comparison of your elders to Native American elders in the general U.S. population to determine the extent of existing social and health differences. A survey instrument was constructed using questions from nationally administered questionnaires so comparisons could be made with data from the nation Data is collected on general health status, activities of daily living, vision, hearing and dental care, screening, health care access, tobacco and alcohol usage, weight and nutrition, social support/housing, demographics, and social functioning.

For more information, contact the NRCNAA at http://ruralhealth.und.edu/projects/nrcnaa/ or 800-896-7628.

EVALUATIONS

Evaluation is an ongoing process and there are many types of evaluations. Some types you will use are: evaluating program activities according to objectives stated in your grant application; pre- and post-evaluations of specific activities such as an exercise program, program outcome evaluations, and client satisfaction evaluations.

A critical part of program evaluation is good record-keeping. Some programs use computer based spreadsheets and databases to keep their records, while others use paper and pencil and their file cabinet. Others use a combination of computer-based and paper-based record keeping in determining how the program is operating. Any method that works for you is okay.

Documenting the Number of People Receiving Services:

1. Keep a log of each elder receiving at least one congregate meal, a home-delivered meal, and a supportive service. This will be your unduplicated count of elders receiving the three types of services. Unduplicated means that each person who eats a congregate meal or many congregate meals, a home delivered meal or many home delivered meals, or receives a supportive service or more than one supportive service gets counted only one time each year in each of the three categories, regardless of how many services they receive during the year.
2. This number can help you to determine how many of the total tribal elders are using the program and assist you in doing outreach to those who are not coming to the services.

Documenting Services Provided:

1. Keep logs of the number of meals served in both the congregate meal sites and the home delivered meals, the number of transportation services, and the number of all other supportive and caregiver services provided. A data sheet or spreadsheet is helpful for keeping day-by-day listings of who has had each service.
2. Keep a file on each elder who uses the program frequently. Often an elder uses the program to meet many needs, and frequent contacts can be an indicator of failing health or memory problems and a need for closer monitoring by program staff and family members. Personal files are likely to contain confidential information, so it is important to keep them in a locked cabinet or a secure computer file.

Evaluating Services Provided:

1. Evaluate program objectives by comparing services actually provided with services planned in your program objectives. Assess why there are differences, if any, and modify your program accordingly. For example, if your objective is to serve a congregate meal to 200 elders each day, 5 days a week and your program performance data indicates you are only serving 120 elders each day, you need to find out why your are serving almost half the number you had planned on serving. Maybe the elders do not like the food and you need to change your menu or prepare the food differently. Maybe the cost of gas has made it to expensive for many elders to come to the center each day. You need to make program adjustments for this.

2. Evaluate the quality of services by conducting a consumer satisfaction survey to find out how the elders like the services provided. This can be a simple survey to determine how they like the meal or other service, or it can be a mini-assessment for specific recipes, menus, health and nutrition education programs, health promotion activities, or for any other service. These consumer satisfaction surveys tell you how the elders like the services you are providing and any opportunities to improve or enhance the services.
    - Evaluate program results and benefits by identifying the impact the program has on program participants. The following are some examples of the results and benefits you may evaluate:
    - Decreased nutrition risk by consuming at least one meal per day that meets 1/3 of the DRIs.
    - Increased physical activity reported by elders.
    - Increased social contacts and decreased isolation.
    - Contacts with program personnel to assess immediate needs and risks resulting in increased utilization of other service support, both tribal and non-tribal.
    - Increased ability to contact other agencies (local, state, federal) to provide needed assistance.
    - Provided referrals for needed services.
    - Increased access to services through transportation.
    - Provided emotional support.
    - Individual elders may have improved health status based on reports of health care professionals. However, an overall result will not be improved health status as this would be very difficult and costly to measure.

Title VI Program Evaluation

Sometimes it is important to get an independent assessment of what we are doing. You could ask another tribal program director or another Title VI program director in your area to evaluate your program.

POLICIES AND PROCEDURES FOR NEEDS ASSESSMENTS AND EVALUATIONS

Policies and procedures should be written to address the following:

- Responsibilities of the Director of the Title VI program and the grantee's governing structure (the tribal administration) for ongoing informal and formal assessment of activities and services.
- An evaluation committee or an outside evaluator to periodically conduct a formal evaluation of the Title VI Program's operation.
- Reports to be prepared on the findings of formal evaluations containing a description of findings (achievements as well as shortcomings). The report shall give information and recommendations for improving the program's operation.
- How Title VI staff, volunteers, participants, and the tribal governing structure (and other appropriate organizations) will receive the results of the periodic evaluation efforts.
- Using the results of the periodic evaluations for planning, further program development, and improvement of the overall operations of the Title VI program.
- The provision of adequate resources for evaluation (including staff and volunteer time) to be included as part of the program's operating budget.

REPORTING

Reporting is a necessary part of program accountability. In addition to being a Title VI requirement, you need to keep the tribal council, elders, and the community informed about your program.

Title VI Reporting at a Glance

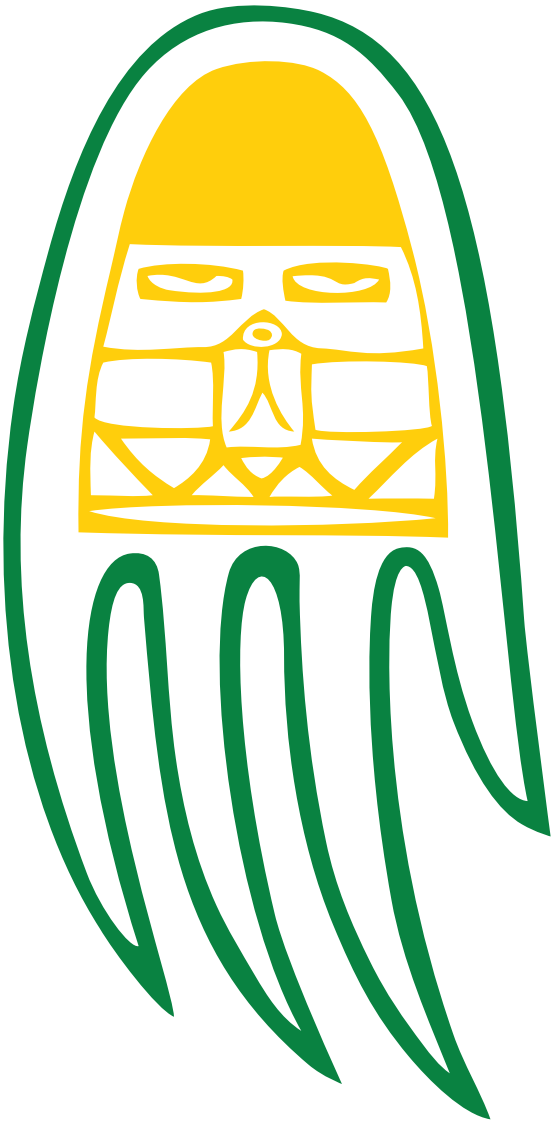
The Title VI program has two reports, the Program Performance Report (PPR), which covers both the Part A/B and Part C program, and the Standard Form 425, Federal Financial Report (SF-425). A separate SF-425 is required for Part A/B, Part C and NSIP. The PPR and SF-425s are due annually. Reports are due within 90 days of the end of each budget period. A copy of the reports can be found in Appendix C.

The reports are available on the internet and can be completed and submitted via internet. You are encouraged to use the internet if at all possible. Reports can be accessed at http://www.aoa.gov/title_VI. You can also create your profile at this site. If you do not have internet access, you may submit the reports in hard copy (one original and two copies) to AoA according to the instructions provided with your grant award letter.

Payment Management System

Payment Management System (PMS) has one report, PMS 272, which is mailed to you every 3 months. This is not an AoA report but is required by HHS in order to disperse grant funds. This report has a due date printed on the form and instructions for where to send the completed form. Usually, this report is completed by your fiscal office.

TITLE VI NUTRITION SERVICES



Chapter 5: Title VI Nutrition Services

Key Considerations:

- Title VI elderly nutrition services provide an opportunity for tribal elders to access healthy meals, nutrition screening and education, and provide a social outlet for elders to meet with their friends, learn, and remain engaged in their community.

The 2005 Amendments to the OAA identified the purposes of nutrition services as:

1. *To reduce hunger and food insecurity;*
2. *To promote socialization of older individuals; and*
3. *To promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.*

OLDER AMERICANS ACT (OAA) REQUIREMENTS FOR NUTRITION SERVICES

Unlike other components of your Title VI program, the Older Americans Act has some specific requirements for nutrition services. These requirements are:

Nutrition programs shall:

1. Provide at least one hot or other appropriate meal per day, 5 or more days a week (except in rural areas where such frequency is not feasible) and any additional meals that the grantee may elect to provide in a congregate setting;
2. Provide at least one home delivered hot, cold, frozen, dried, canned, or supplemental foods (with a satisfactory storage life) meal per day and any additional meals that the grantee may elect to provide;
3. May include nutrition education services and other appropriate nutrition services;
4. Solicit the advice of a dietitian or individual with comparable expertise in planning nutritional services; and
5. Ensure that the program:

a. Provides meals that

   i. Comply with the most recent Dietary Guidelines for Americans (DGAs) published by DHHS and USDA;

   ii. Provide each participating older individual a minimum of 33 1/3% of the Dietary Reference Intakes (DRIs) if the program provides one meal per day, 66 2/3 % for two meals per day, and 100 % for three meals per day; and

   iii. To the maximum extent practicable, are adjusted to meet any special dietary needs of program participants,

b. Provides flexibility in designing meals that are appealing to participants;

c. Limits the amount of time meals spend in transit before they are consumed;

d. Where feasible, encourages joint arrangements with schools to promote inter-generational meal programs;

e. Provides that meals, other than in-home meals, are provided as close to the majority of eligible older individuals' residences as feasible;

f. Complies with applicable state or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals;

g. Solicits the expertise of dietitians, meal participants, and others knowledgeable about the needs of older individuals;

h. Establishes procedures that allow the option to offer a meal to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside

at home with elders eligible under this law;

i. Ensures that nutrition services will be available to elders and their spouses, and may be made available to individuals with disabilities who are not elders but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided;

j. Provides nutrition screening, education and counseling; and

k. Encourages distributing available medical information approved by health care providers, such as how to get vaccinations for influenza, pneumonia, and shingles, to home bound elders.

The OAA requires programs to follow two national standards for providing healthy meals, the *Dietary Reference Intakes (DRIs) and the Dietary Guidelines for Americans (DGAs)*.

DIETARY REFERENCE INTAKES (DRIS)

The Dietary Reference Intakes (DRIs) are a set of nutrient-based reference values that expand on the Recommended Dietary Allowances (RDAs). The DRIs are based on the relationships between nutrient intake and indicators of good health and chronic disease prevention. The DRIs have four reference values:

- The RDA is the average daily dietary nutrient intake level sufficient to meet the nutrient requirements of nearly all the people in the age/gender group;
- Adequate Intake (AI) is the recommended average daily intake assumed to be adequate. It is used when there is no RDA.
- Tolerable Upper Intake Level (UL) is the highest daily intake level that is safe.
- Estimated Average Requirement (EAR) is the average daily nutrient intake estimated to meet the requirements of half the healthy individuals in each age/gender group.

A goal of meal planning is to ensure that the diet has a low risk for both nutrient inadequacies and nutrient excesses. Meeting the DRI recommendations will help meet this goal.

DRI Requirements	
Nutrient	**Ages 51- 70 and Age 70+**
Vitamin A	900 µg RAE/day for men and 700 µg RAE/day for women in both age groups
Vitamin D	400 IU/day for all, ages 51-70; 600 IU/day for all, age 70+
Vitamin B12	2.4 µg daily for men and women in both age groups
Vitamin B6	1.7 mg/day for men and 1.5 mg/day for women in both age groups
Vitamin C	90 mg/day for men and 75 mg/day for women in both age groups
Calcium	1,200 mg daily for men and women in both age groups
Potassium	4700 mg/day for men and women in both age groups
Sodium	2000 mg/day for men 51-70 and 1800 mg/day for men 70+; 1300 mg/day for women 51-70 and 1200 mg/day for women 70+
Magnesium	420 mg/day for men and 320 mg/ day for women, ages 51-70; 350mg/day for men and 265/day for women, age 70+
Protein	56 g/day for men and 46 g/day for women in both age groups; 10-35% of calories daily
Fat	20-35% of calories daily for men and women in both age groups with most as poly- and mono-unsaturated fats
Saturated fats	Less than 10% of calories daily for men and women in both age groups
Cholesterol	Less than 300 mg/day for men and women in both age groups
Trans fats	As low as possible
Carbohydrate	45-65% of calories daily for men and women in both age groups
Fiber	30 g/day for men and 21 g/day for women in both age groups

DIETARY GUIDELINES FOR AMERICANS (DGAS)

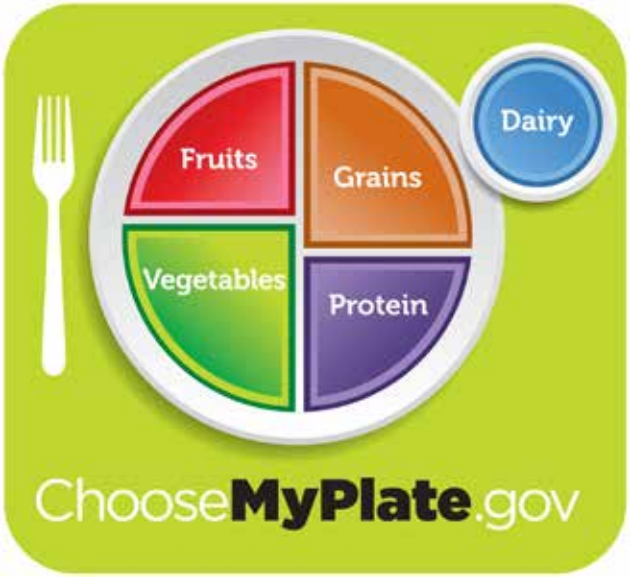
The U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (HHS) jointly create and publish the guidelines every 5 years. Each edition is based on the Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans and consideration of Federal agency and public comments.

Dietary Guidelines recommendations traditionally have been intended for healthy Americans ages 2 years and older. However, Dietary Guidelines for Americans 2010 have a new perspective. For the first time in 2010, they are targeted toward Americans ages 2 years and older, including those who are at increased risk for chronic diseases. Poor diet and physical inactivity are the most important factors contributing to an epidemic of overweight and obesity affecting men, women, and children in all segments of our society

The 2010 Dietary Guidelines recommendations encompass two over arching concepts:

- Maintain calorie balance over time to achieve and sustain a healthy weight
- Focus on consuming nutrient-dense foods and beverages.
- Nutrient Dense foods are those foods and beverages that provide vitamins, minerals, and other substances that have positive health effects – with few calories.

The 2010 Dietary Guidelines identify 23 Key Recommendations that are most important in terms of their implications for improving health. To gain the full benefit, individuals should carry out the Dietary Guidelines recommendations in their entirety as part of an overall healthy eating pattern.



BALANCING CALORIES TO MANAGE WEIGHT

Key Recommendations:

- Prevent and/or reduce overweight and obesity through improved eating and physical activity behaviors.
- Control total calorie intake to manage body weight. For people who are overweight or obese, this will mean consuming fewer calories from foods and beverages.
- Increase physical activity and reduce time spent in sedentary behaviors.
- Maintain appropriate calorie balance during each stage of life–childhood, adolescence, adulthood, pregnancy and breast-feeding, and older age.

FOODS AND FOOD COMPONENTS TO REDUCE

Key Recommendations:

- Reduce daily sodium intake to less than 2,300 milligrams (mg) *and further reduce intake to 1500 mg among persons who are 51 and older and those of any age who are African American or have hypertension, diabetes, or chronic kidney disease.* The 1500 mg recommendation applies to about half of the U.S. population, including children, and the majority of adults.
- Consume less than 10 percent of calories from saturated fatty acids by replacing them with monounsaturated and polyunsaturated fatty acids.
- Consume less than 300 mg per day of dietary cholesterol.
- Keep fatty acid consumption as low as possible by limiting foods that contain synthetic sources of trans fats, such as partially hydrogenated oils, and by limiting other solid fats.
- Reduce the intake of calories from solid fats and added sugars.
- Limit the consumption of foods that contain refined grains, especially refined grain foods that contain solid fats, added sugars, and sodium.
- If alcohol is consumed, it should be consumed in moderation–up tone drink per day for women and two drinks per day for men–and only by adults of legal drinking age

FOODS AND NUTRIENTS TO INCREASE

Individuals should meet the following Key recommendations as part of a healthy eating pattern while staying within their calorie needs:

- Increase vegetable and fruit intake.
- Eat a variety of vegetables, especially dark green, red, and orange vegetables and beans and peas.
- Consume at least half of all grains as whole grains. Increase whole grain intake by replacing refined grains with whole grains.
- Increase intake of fat-free or low-fat milk and milk products, such as milk, yogurt, cheese, or fortified soy beverages*.
- Choose a variety of protein foods, which include seafood, lean meat and poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds.
- Increase the amount and variety of seafood consumed by choosing seafood in place of some meat and poultry.
- Replace protein foods that are higher in solid fats with choices that are lower in solid fats and calories and/or are sources of oils.
- Use oils to replace solid fats where possible.
- Choose foods that provide more potassium, dietary fiber, calcium, and vitamin D, which are nutrients of concern in American diets. These foods include vegetables, fruits, whole grains, and milk and milk products.

Recommendations for specific population groups

Women capable of becoming pregnant

Choose foods that supply heme iron, which is more readily absorbed by the body, additional iron sources, and enhancers of iron absorption such as vitamin C-rich foods.

Consume foods fortified with vitamin B12, such as fortified cereals, or dietary supplements.

Consume 400 micrograms (mcg) per day of synthetic folic acid (from fortified foods and/or supplements) in addition to food forms of folate from a varied diet.

Women who are pregnant or breast-feeding

Consume 8 to 12 ounces of seafood per week from a variety of seafood types.

Due to their high methyl mercury content, limit white (albacore) tuna to 6 ounces per week and do not eat the following four types of fish: tilefish, shark, swordfish, and king mackerel.

If pregnant, take an iron supplement, as recommended by an obstetrician or other health care provider.

Individuals ages 50 years and older

Consume foods fortified with vitamin B12, such as fortified cereals, or dietary supplements.

**"Fortified soy beverage includes products that may be marketed as soy milk seen in supermarkets and consumer materials."*

BUILDING HEALTHY EATING PATTERNS

Key Recommendations:

- Select an eating pattern that meets nutrient needs over time at an appropriate calorie level.
- Account for all foods and beverages consumed and assess how they fit within a total healthy eating pattern.
- Follow food safety recommendations when preparing and eating foods to reduce the risk of food borne illnesses.

PROGRAM PLANNING CONSIDERATIONS USING THE 2010 DIETARY GUIDELINES

Balancing Calories To Manage Weight

Key Recommendations:

- Prevent and/or reduce overweight and obesity through improved eating and physical activity behaviors.
- Control total calorie intake to manage body weight. For people who are overweight or obese, this will mean consuming fewer calories from foods and beverages.
- Increase physical activity and reduce time spent in sedentary behaviors.
- Maintain appropriate calorie balance during each stage of life – childhood, adolescence, adulthood, pregnancy and breast-feeding, and older age.
- Provide meals that include all food groups and a variety of foods within each group. Include nutrient-dense foods and beverages in daily meal plan. All vegetables, fruits, whole grains, seafood, eggs, beans and peas, unsalted nuts and seeds, fat-free and low-fat milk and milk products, and lean meats and poultry–when prepared without adding solid fats, sugar, or salt–are nutrient dense foods.
- Provide healthful choices with equal nutrient content for people to make wise choices.
- Seek menu ideas from program participants and use a Registered Dietitian to assist in menu planning and assuring menus meet the OAA requirements.

- Reduce portion sizes. Prepare and serve smaller portions of foods and beverages, especially those high in calories. Examples are grain based desserts such as cakes, cookies, pies, cobblers, sweet rolls and donuts are foods most commonly eaten. Other high calorie foods are fried and baked chicken parts, chicken strips/patties, casseroles, salads and other chicken mixed dishes. Sodas, energy drinks, sweetened bottled water including vitamin water and pizza are examples of high calorie foods most often consumed.
- Serve water with meals in addition to low-fat dairy products or other beverages.
- Calorie balance over time is the key to weight management. Calories consumed in foods and beverages must be balanced with physical activity.
- Provide meals with a calorie range of approximately 550 -700 calories per meal. This is approximately 1/3 of the calorie range recommended for sedentary adults, age 50 and older.
- Use standardized recipes and the portion size specified in the recipe.
- Encourage/promote increased physical activity at meal sites including chair exercises, walking activities, gardening etc.
- To reduce the risk of chronic disease in adulthood: Engage in at least 30 minutes of moderate intensity physical activity, above usual activity, at work or home on most days of the week.
- To manage body weight and prevent gradual, unhealthy body weight gain in adulthood: Engage in approximately 60 minutes of moderate to vigorous intensity activity on most days of the week while not exceeding calorie intake requirements.
- Cardiovascular conditioning, stretching exercises for flexibility, and resistance exercises or calisthenics for muscle strength and endurance all help to achieve physical fitness.
- Older adults should participate in regular physical activity to reduce functional declines associated with aging and to achieve the other benefits of physical activity identified for adults.
- Initiate a basic chair-based stretching program before meals are served.
- Encourage participants to set up their own goals and organize peer support groups at meal sites to reach their own walking goals.

Foods And Food Components To Reduce

Key Recommendations:

- **Reduce daily sodium** intake to less than 2,300 milligrams (mg) *and further reduce intake to 1500 mg among persons who are 51 and older and those of any age who are African American or have hypertension, diabetes, or chronic kidney disease.* While some foods are extremely high in sodium, most excess sodium comes from the consumption of frequently consumed foods that are moderately high such as prepared foods and yeast breads.
  - The recommendation on sodium is geared toward blood pressure control.
  - Follow the DASH eating plan when preparing menus.
  - Include more fresh foods and fewer processed foods that are high in sodium. Use l little or no salt when preparing meals for the Elders.
- **Consume less than 10 percent** of calories from saturated fatty acids by replacing them with monounsaturated and polyunsaturated fatty acids. Saturated fatty acids are found in foods of animal origin. Purchase lean meats and trim off any external fat. Broil, bake, steam, or stew foods rather than frying them whenever possible. Purchase meat, poultry, milk, or milk products that are lean, low-fat, or fat-free. Plan to serve fish frequently as a low-fat protein alternative and to provide fatty acids that may reduce the risk of cardiovascular disease.
- **Consume less than 300 mg per day** of dietary cholesterol. Cholesterol is found in foods of animal origin.
- **Keep fatty acid consumption as low as possible** by limiting foods that contain synthetic sources of trans fats, such as partially hydrogenated oils, and by limiting other solid fats.
- **Reduce the intake of calories** from solid fats and added sugars. These two food components together provide over a third of the calories in the diets of Americans, while contributing very little in the way of nutrients. Intake of these food components replaces nutrient-dense foods, and makes it very difficult to achieve recommended nutrient levels.
- **Limit the consumption of foods that contain** refined grains, especially refined grain foods that contain solid fats, added sugars, and sodium. This includes purchased breads and yeast bread, prepared baked desserts, sauce and gravy mixes.
- **If alcohol is consumed,** it should be consumed in moderation-up to one drink per day for women and two drinks per day for men–and only by adults of legal drinking age.

Foods And Nutrients To Increase

Key Recommendations:

- **Increase vegetable and fruit intake.** Plan for 2 – ½ cup servings of vegetables on the menu. Use the DASH eating plan as a guide when planning menus.
- **Eat a variety of vegetables,** especially dark green, red, and orange vegetables and beans and peas.
- **Consume at least half of all grains as whole grains.** Increase whole grain intake by replacing refined grains with whole grains. Include foods rich in dietary fiber. Fiber in foods comes primarily from whole grains, vegetables, and fruits.
- **Increase intake of fat-free or low-fat milk** and milk products, such as milk, yogurt, cheese, or fortified soy beverages*. Provide alternative food sources of calcium for those who do not drink or eat milk products, including calcium and vitamin D fortified juices, cereals, bread, soy beverages, or rice beverages. Canned fish, such as sardines or salmon with bones, and leafy greens such as collard, turnip greens, kale, and bok choy are nutrient rich sources of calcium
- **Choose a variety of protein foods,** which include seafood, lean meat and poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds. The total amount of protein does not need to be increased but within the Protein group, seafood should be consumed in greater amounts, and meat and poultry in smaller amounts.
- **Increase the amount and variety of seafood consumed** by choosing seafood in place of some meat and poultry.
- **Replace protein foods that are higher in solid fats** with choices that are lower in solid fats and calories and/or are sources of oils.
- **Use oils to replace solid fats where possible.**
- **Choose foods that provide more potassium,** dietary fiber, calcium, and vitamin D, which are nutrients of concern i n American diets. These foods include vegetables, fruits, whole grains, and milk and milk products.

**"Fortified soy beverage includes products that may be marketed as soy milk seen in supermarkets and consumer materials."*

Building Healthy Eating Patterns

Key Recommendations:

1. **Select an eating pattern** that meets nutrient needs over time at an appropriate calorie level.
2. **Account for all foods and beverages consumed** and assess how they fit within a total healthy eating pattern.
3. **Follow food safety recommendations** when preparing and eating foods to reduce the risk of food borne illnesses.

Dietary Guideline: Food Safety

Follow food safety recommendations when preparing and eating food to reduce risk of food-borne illnesses.

Key Recommendations: Food Safety

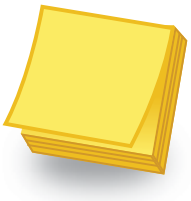
- *To avoid microbial food borne illnesses:*
    - *Clean hands, food contact surfaces, and fruit and vegetables. Meat and poultry should not be washed or rinsed.*
    - *Separate raw, cleaned, and ready-to-eat foods while shopping, preparing, or storing foods.*
    - *Cook foods to a safe temperature to kill microorganisms.*
    - *Chill (refrigerate) perishable food promptly and defrost foods properly.*
    - *Avoid raw (unpasteurized) milk or any products made from unpasteurized milk, raw or partially cooked eggs or foods containing raw eggs, raw or under cooked meat and poultry, unpasteurized juices, and raw sprouts.*
- *Older adult. Eat only certain deli meats and frankfurters that have been reheated to steaming hot.*

Program Planning Considerations

- Prepare all meals in facilities and under conditions that meet state, tribal, and local food safety and sanitation laws. Since many older adults have reduced immune function, they are at increased risk of food borne illnesses.
- Develop a plan for addressing food security, contamination, and safety issues.
- Conduct ongoing in-service training for program directors as well as food preparation staff and volunteers to ensure safe food preparation and service.
- Have temperature charts on all refrigerator, freezer, and dry storage areas and document temperatures twice a day; check temperatures in oven, steam table, and salad bar routinely to assure the equipment is functioning correctly.
- Institute a HACCP plan on all high-risk items to ensure safe handling procedures on critical control points.
- Establish policies and procedures for the safe and sanitary handling of food, equipment, and supplies when going on picnics or other special events that are different from usual services.
- Establish policies and procedures that assure appropriate safe and sanitary handling of food, equipment, supplies and assuring appropriate temperatures through out home delivered meal routes.
- Comply with state, tribal, and local food safety and sanitation laws regarding the acceptance of donated foods.
- Thaw food in the refrigerator, in an air-tight package under cold running water, or in a microwave.
- Ensure menus meet the equipment's capacity. For example, do not prepare all baked items on the same day or kettle items on the same day to avoid the under cooking of products.
- Heat any deli meat, hot dogs, or sausage to steaming hot.

Resources

Gateway to Government Food Safety Information: http://www.foodsafety.gov/



PLANNING MENUS FOR YOUR CUSTOMERS – THE ELDERS

Gather materials you will need before writing menus. Some people find that the following items help them to plan healthy meals:

- Menu forms
- Standardized recipe file (or quantity food recipe book)
- Nutrient analysis of food items
- Current list of foods available from vendors or grocery stores with whom you do business
- Menu suggestion lists
- Results from customer satisfaction surveys or comment boxes
- Previous menus

Cycle Menus: Cycle menus are menus that are repeated again when they have been completed. Often programs use a 3-week cycle or have 3 weeks of menus that contain few or no repeated main dishes. After all 3 weeks of menus have been served, they are started over again. The benefits of a cycle menu include ease of purchasing, production, and staffing because of the experience with the menu. After the 3 weeks are repeated twice (for a total of 3 times), it is time for your next cycle menu to be developed and served. The 3 week cycle works well because it allows for menus that can be changed with the seasons and allows programs to use fresh produce that is in season and available locally.

Menu Planning Considerations: Consider the following when planning menus:

- **Variety:** Try to only repeat favorite foods during a menu cycle and make certain that foods are combined with different side dishes if they are repeated. This helps keep your clients interested in the meals.
- **Form and shape:** The food on the plate should not all look the same and should be seen as "home style" for the best acceptance.
- **Color:** Be sure to use a variety of colors of food on the plate.
- **Temperature:** Having hot and cool foods at the same meal can create interest.
- **Texture:** Use a variety of textures in each menu so that meals are not all soft or all crunchy.
- **Flavors:** Use a variety of flavors. Don't have too many sweet or spicy foods. Have a mixture of strong and mild flavors that blend well.
- **Appearance:** The meal should look appetizing on the plate.
- **Nutrient analysis on menu:** Make sure that each meals meets the $^{1}/_{3}$ DRI requirement and is consistent with the DGAs.
- **Calories:** A goal of the meals program is to promote health. Thus, meals should be planned within the calorie needs of program participants.

Steps for Menu Planning: Menu planning can be easier if you follow these steps:

1. Select your main dish, a meat or meat alternative for each day in your menu cycle. Use a variety of meats and meat textures from day to day. Do not use a meat in the same form two days in a row (e.g., ground buffalo burgers on day two and meatloaf on day three). Alternate red meats with chicken, turkey, game birds, or fish. Plan main dishes that provide a maximum of a 2 ounce portion size of meat, even in casseroles or stews.
2. If your main dish has an "expected" side dish, use it. If your elders prefer rice with their baked chicken, put it on the menu.
3. Include both raw and cooked vegetables and fruits, alone or in combinations with other foods (i.e., salads, casseroles, stews) or in desserts (for fruits). Include fruits and vegetables high in vitamin C and vitamin A/beta carotene frequently. If you have a starchy vegetable and lots of participants with diabetes, put the starchy vegetable in the bread category, and plan two different non-starchy vegetables in that menu.
4. Be certain to include whole grain products.
5. Plan milk carefully if many of your participants have lactose intolerance. Using cheeses, yogurt, and low-fat sour cream can add needed calcium without causing discomfort.
6. Include foods that compliment the meal so you remember to order and prepare the food. Examples include tartar sauce with fish, Parmesan cheese with spaghetti, and low-sodium soy sauce with rice dishes. Watch the calories in these "extras." They can easily make a low-calorie food a high-calorie food.
7. Remember that not everyone will like all the foods on the menu. It is all right for an elder to refuse a food. It is not your responsibility, and you probably cannot afford, to serve another food to replace the one that the elder does not like.

The following food guide is consistent with the DGAs and can be used to plan your menu.

How much food is needed daily from the food groups?

The amount of food you need to eat depends on your age, sex, and level of physical activity.

Recommended Daily amounts for 2,000 calories

		Grains (ounces equivalent)	Vegetables (cups)	Fruit (cups)	Dairy (cups)	Protein (ounces equivalent)
:hildren	2-3 years old	3	1	1	2	2
	4-8	5	1 1/2	1 to 1 1/2	2 1/2	4
;irls	9-13	5	2	1 1/2	3	5
	14-18	6	2 1/2	1 1/2	3	5
;oys	9-13	6	2 1/2	1 1/2	3	5
	14-18	8	3	2	3	6 1/2
Women	19-30	6	2 1/2	2	3	5 1/2 **
	31-50	6	2 1/2	1 1/2	3	5
	51 +	5	2	1 1/2	3	5
Men	19-30	8	3	2	3	6 1/2
	31-50	7	3	2	3	6
	51 +	6	2 1/2	2	3	5 1/2
'hese amounts are ıppropriate for ndividuals who get ess than 30 minutes ıer day of moderate ıhysical activity ıeyond normal daily ıctivity. Those who ıre more physically ıctive may consume nore calories while taying within calorie ıeeds.		What counts as an ounce of grain: (any of the following) 1 slice bread. 1/2 cup cooked cereal or pasta. 1 cup ready to eat cereal.	What counts as a cup: 1 cup of raw or cooked vegetable or vegetable juice or 2 cups of raw leafy greens.	What counts: Any fruit or 100% juice.	What counts: (any of the following) 1 cup milk, yogurt, or soy beverage. 1 1/2 oz. natural cheese or 2 ounces processed cheese.	What counts as an ounce: (any of the following) 1 oz. meat, poultry, fish. 1/4 cup cooked beans. 1 egg. 1 tbsp peanut butter.

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Sample Menus (Based on USDA Food Guide Meal Plan)

FOOD GROUP	GRAIN	VEGETABLE	FRUIT	MILK	MEAT & BEANS
Servings for 550-700 calorie meals	1.7 - 2 oz.. equivalents	1.5 - 2 servings	1 - 1.3 servings	1 cup	1.7 - 1.8 oz-equivalents
DAY 1 Roast Turkey Baked Sweet Potato Broccoli Whole Wheat Roll Apple Raisin Crisp Fat-free Milk and Coffee/ Tea	2 oz.. equivalents (1 small roll) (½ Cup topping on crisp)	2 servings	1 serving	1 cup	2 oz-equivalents
Day 2 Roasted Pork Black Beans Rice Garden Salad Strawberries and Graham Crackers Fat-free Milk and Coffee/ Tea	2 oz-equivalents (½ Cup rice) (2 graham crackers)	2 servings (½ Cup salad) (½ Cup black beans)	1 serving	1 cup	3 oz-equivalents (2 oz. Pork) (½ Cup black beans)

Day 3 Open-faced Meatloaf Sandwich Baked Winter Squash Waldorf Salad on Greens Orange-Rice Pudding Fat-free Milk and Coffee/ Tea	2 oz-equivalents (1 oz. slice bread) (½ Cup rice pudding)	2 servings	1.25 servings (½ Cup apples and raisins) (¼ Cup orange juice)	1.5 cups (1 c milk) (½ c pudding)	2 oz.-equivalents
Day 4 Stewed Chicken with Vegetables Egg Noodles 5-Bean Salad Fresh Fruit with Yogurt Fat-free Milk and Coffee/ Tea	2 oz. equivalent (1 cup noodles)	2 servings	1 serving	1.25 cups (1 c milk) (¼ c yogurt)	3 oz-equivalents (2 oz. chicken) (½ Cup beans)
Day 5 Baked Salmon Wild Rice with Dried Apricots Creamed Spinach Whole Wheat Roll Fresh Fruit--Melon Ball Salad Fat-free Milk and Coffee/ Tea	2 oz-equivalents (½ Cup rice) (1 small roll)	1 serving	1.5 servings (½ Cup salad) (¼ Cup dried apricots)	1.5 cups (1 c milk) (½ Cup milk in spinach)	2 oz-equivalents

NUTRITIONAL ANALYSIS OF MEALS

In addition to providing the recommended number of servings from each food group, you need to do a nutritional analysis to assess the nutrient adequacy of your meals. There are many commercial software packages on the market to help do this. Additionally, the nutrient analysis of many prepared foods is available on the internet. Please note that since nutrient databases vary, not all food products are included in the databases, and new foods are introduced each year so there may not be an analysis available, meals are considered to meet nutrient requirements when they are within 5% of the RDA/AI values. A frequently used nutrient data base can be found at http://www.nutritiondata.com/tools/nutrient-search

The following is an example of what this database provided for a 1 oz. serving of Acorn Stew. It is very detailed and you do not need to be concerned about all the information. The information you need from the nutrient analysis for one serving is:

Calories	27	Protein	1.9 g	Carbohydrates	2.6 g
Fiber	0.2 g	Cholesterol	5.6 mg	Niacin (vitamin B-3)	0.6 mg
Vitamin A	0	Vitamin B-6	0	Vitamin B-12	0.2 mg
Vitamin C	0	Vitamin D	0	Vitamin E	0.1 mg
Calcium	3.9 mg	Potassium	30.8mg	Sodium	36.4 mg

After getting this nutrient information, it is a good idea to write in on your recipe card. Next time you use the recipe, you already have the nutrient information. For example, here is a recipe card for Apple Raisin Crisp.

Apple Raisin Crisp, Yield: 25 Servings, Serving size: ½ cup

Ingredients:

15 cups apple peeled and sliced
1 ¼ cups whole wheat flour
2 ½ cups whole wheat fortified flake cereal
1 ¾ cups brown sugar
1 ¼ cups raisins
1 ¾ cups sliced almonds
1 ¼ cups margarine

Directions:

1. Put apples in shallow pan (12x18x2)
2. Combine all dry ingredients with margarine and mix until crumbly
3. Sprinkle over apples
4. Bake at 375° for 30 minutes

Nutrient analysis:

271	3	39	3	0
121	4.32	0.45	0.86	11
0.13	5.18	190	264	33

Once you have all your recipe cards for a meal, you can do an analysis for the entire meal and compare it to the nutrient requirements. For example, the nutrient analysis for the 5 meals provided earlier in this chapter is:

	Cals	Protein (g)	Carb (g)	Fiber (g)	Cho-lesterol (mg)	Vit. A (mcg)	Nia-cin (mg)	B-6 (mg)
1/3 DRI	550-750	17	43	7-8	100	300	4.3	0.6
Day 1 (Turkey)	724	35	107	13	47	3148	11.6	1.3
Day 2 (Pork)	617	33	92	12	44	379	5.8	0.7
Day 3 (Meat-loaf)	834	40	136	9	113	834	13.9	1.5
Day 4 (Chick-en)	584	36	80	10	89	383	6.0	0.5
Day 5 (Fish)	512	37	73	9	53	1340	8.1	0.8
Average	654	36	98	10	69	1217	9.1	1.0
	B12 (mcg)	Vit. C (mcg)	Vit. D (mcg)	Vit. E (mg)	Calcium	Potas-sium	So-dium	
1/3 DRI	0.8	30	5	5	400	1566	500	
Day 1 (Turkey)	2.2	83	2.6	7.6	630	1763	423	
Day 2 (Pork)	.03	70	2.5	2.6	417	1050	758	
Day 3 (Meat-loaf)	3.0	152	4.2	4.2	1129	1666	627	
Day 4 (Chick-en)	0.6	35	2.5	2.3	507	916	254	
Day 5 (Fish)	1.9	49	3.7	4.0	658	1172	836	
Average	1.6	78	3.24	4.2	668	1314	580	

For all the nutrients except calories, cholesterol and sodium, we want the week's average to be at <u>or above</u> the $^1/_3$ DRI. For calories, cholesterol and sodium, we want the week's

average to be at or below the $^1/_3$ DRI. For this week's menus, we met our goal with all nutrients except vitamin D, vitamin E, and sodium and some individual meals went above the goal for some nutrients. It is difficult to meet the requirements for some nutrients, especially vitamins D and E, and to keep some nutrients low, especially sodium. However, we should try to plan meals that provide as close to the nutrient standards as possible.

FOOD SELECTION AND PREPARATION

Many small programs purchase food from local markets. This if fine if you are not feeding more than 20 people. Once programs begin to prepare 25 meals or more, it is likely that you will benefit from purchasing from a local commercial grocery store or order foods from a large commercial vendor. If your tribe has a school, Headstart program, or casino, you should talk to the food service professionals there to see if you can purchase foods together. Commercial food vendors often price foods based on the total amount purchased in a year. If you purchase together from the same contract, you will likely get better prices than if you go it alone. The foods you serve can only be as good as the quality of the foods you purchase.

- Be familiar with sources of supply and buy from suppliers that provide the best quality food at the most reasonable prices.
- Buy according to how you will use the product and choose the highest quality food that will fit into your budget.
- Inspect deliveries to assure you got what you ordered.
- Don't purchase more than you can store or use before it spoils but remember that if you don't buy a whole case the price will go up dramatically.
- Quantity food preparation books such as Food for Fifty help you to know how much food you need to prepare for a number of people.
- Ask vendors for handouts and bulletins on purchasing foods.
- Keep records of food purchases.

Receiving: The most important part of receiving is to see that everything ordered is received and that nothing is added to the delivery that you did not order. Occasionally food vendors will substitute an item for another. If items do not meet your needs when they are delivered, you can refuse them. You can also refuse items that are in poor condition or the wrong size. Keep equipment available to help you with receiving such as thermometer, scales, rulers, receiving/ordering sheets, and filing space to keep paperwork.

Food Preparation: Cooking in quantity is different from cooking at home. The following tips will help you when preparing meals for your Title VI program:

- Understand cooking terms (i.e., braise, sauté, puree, roast). These are just a few of the terms that cooks need to understand. A good, basic cookbook will define them if you need assistance.
- Know how to prepare foods to preserve their nutrient value. Cooking too long or too slowly, soaking foods before cooking, and exposure to air can cause foods to lose important nutritional value.
- Use recipes and follow them carefully. Only prepare the amount of food needed for the number of participants. Know how to adjust a recipe to make it larger or smaller.
- Use measuring spoons and cups for accurate measurements of ingredients.
- When serving use standard spoons and labels so you have enough food.
- Use a thermometer to make sure foods have reached the proper temperature and check food temperatures after preparation to make certain they are being served at appropriate temperatures.

Portion Control: It is important to serve the right amount of each food item. This will ensure you get the correct number of servings from a recipe, elders are not getting too many or too few calories and other nutrients, and that your meal does not cost more that anticipated. Elders may be used to larger serving sizes, but remember that a goal of the nutrition program is to provide healthful meals. To do that we must control portion size so we do not over feed or under feed.

Dippers or scoops: The number of the scoop indicates the number of scoopfuls in a quart. In order to serve the correct amounts of food, use of the appropriate scoop or ladle is essential.

Dipper/Scoop #:	Level Measure:	Approximate Weight:
6	$^{2}/_{3}$ c or 10 T	6 oz.
8	½ Cup or 8 T	4-5 oz.
10	$^{2}/_{5}$ c or 6 T	3-4 oz.
12	$^{1}/_{3}$ c or 5 T	2 ½ – 3 oz.
16	¼ Cup or 4 T	2 – 2 ¼ oz.

Ladles: Are used for serving soups, stews, sauces/gravies, other liquid based items.

Ladle Approx. Measure:	Weight:	Suggested Use:
1/3 c	1 oz.	Sauces, salad dressings
1/4 Cup	2 oz.	Gravies, some sauces
1/2 Cup	4 oz.	Stews, creamed dishes
3/4 Cup	6 oz.	Stews, creamed dishes, soups
1 c	8 oz.	Soup

Food Service Equipment

When considering food service equipment, keep the following in mind:

- Equipment is a big investment, carefully consider your purchases.
- Seek help from other food service professionals when making a major purchase.
- Provide staff with training on proper use, care, and cleaning of equipment.

The best source for food service equipment information is someone who sells equipment. You should consult several individuals before you purchase however, because a vendor will only recommend their brand. Ask questions based on the literature they provide and compare features of the equipment you are considering. The best piece of equipment to purchase is durable, cleanable, with a proven track record, and includes no unnecessary "bells and whistles."

COST CONTROLS FOR NUTRITION PROGRAMS

Cost controls in food service are very important to assure you are staying within your budget. You must keep good records so you know what you are spending. Also, you must manage your program wisely in order to control costs. The following guidelines can help you manage for nutrition program costs:

Menu Planning

- Plan menus that can be made with the available staff, equipment, and space.
- Be familiar with what foods are readily available or hard to get from your vendors.
- Do not plan for second helpings or leftovers.
- Use traditional foods in your menus. Since meat is the most expensive part of the meal, using game to stretch your costs can save money.

Purchasing

- Use your menu to determine the products, quantity, and quality needed.
- Do not purchase extras that will be enticing to add to a recipe.
- Take advantage of sales and seasonal items.
- Check your invoices to determine if what you ordered was what you received.
- Refuse foods that are not high quality.

Storage

- Be certain that foods are stored properly to avoid spoilage.
- Keep food storage locations locked. Food is an attractive item for theft.
- Watch for signs of rats, mice, or insects that can make good food unusable.

Production

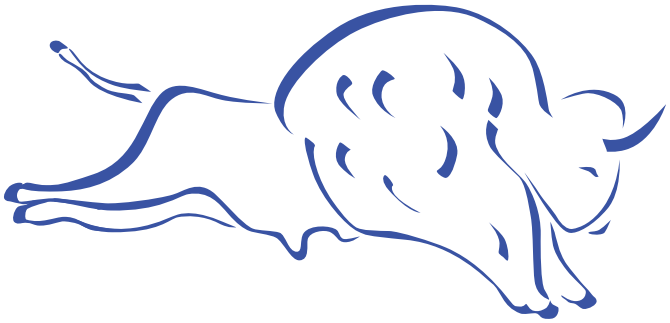
- Watch for signs of waste, including over production, lazy produce preparation, and improper storage.
- Be certain that cooks know which products to use in the recipes.
- Follow recipes closely. Adding "a little bit more" can increase the cost and change the nutrient content.

Food Service

- Watch that portions are measured. Too much isn't good for diabetes and weight control and too little may be shorting essential nutrients.
- Make certain that foods look good on the plate. We eat with our eyes first and food that doesn't look inviting may be wasted.

Clean-up

- Food that is leftover should be placed in the refrigerator quickly.
- Watch what items are going into the trash. If too much of a certain food is not eaten, you may want to take it off the menu or serve it less often. Items that the elders don't want to eat make expensive trash and have no nutritional value.



Food Costs: It is important to watch your food costs very carefully. This is the most flexible cost to your program and the easiest to change and control. You should work with your financial office, supervisor, or someone who controls the money for the grant to determine what you have to spend each month for food and supplies. Use that number to compare to your actual expenses to be certain that you are staying in budget.

If you purchase food from a vendor who delivers your food, you will receive an invoice with every delivery. Before you turn that invoice in for payment, note the date, invoice number, and total amount to a spreadsheet or notebook. If you shop at a local grocery store, add the total amount from the cash register slip to your list. Make certain that all of the costs are for the meals. Subtract the cost of items which are not used for the meal program. At the end of the month, compare your total costs with what you have to spend. If you overspent, evaluate why that might be and make notes that explain the high costs (i.e., special meal, purchased prepared foods because a cook was ill, lost food due to a refrigeration failure). These notes will help you to remember and explain why there was a change and help you to plan for the next budget year.

Keeping good records is the first step to good cost control. You need to know what your costs are on an ongoing basis to really help manage the budget.

Calculating Total Cost Per Meal: Your total cost per meal can be calculated by adding up all of the money spent on your program (include your grant funds used for food, labor, and all costs associated with preparing and serving meals including the costs to deliver home delivered meals, your NSIP funds, donations, including the value of donated foods, and any tribal funds) and dividing that number by the total number of meals served (both home-delivered and congregate). The total cost of the meal is probably somewhere between $6.00 and $15.00, although it may be more if you live in rural area and have high food or fuel costs. The full meal cost and guest meal charges should be periodically calculated when meal costs change. (To assist in developing your meal costs, sample worksheets are available in Appendix C: Meal Cost Worksheet.)

REMEMBER: Guests (anyone other than those eligible for the program) are to be charged the full cost of the meal. This is an OAA requirement.

NUTRITION SCREENING

Screening for Nutritional Risk

Nutrition screening is encouraged in Title VI programs. You are encouraged to coordinate with a dietitian or public health nurse to do regular nutrition screening to identify elders at nutrition risk so they can be referred for appropriate nutrition assessment. Nutrition issues, such as weight loss, malnutrition, chronic diseases, etc., which are addressed early can help an elder maintain and even improve their health.

A simple nutrition screening can be done by using the "Determine Your Nutritional Health" assessment and a bathroom scale. The "Determine Your Nutritional Health"

assessment can be found in Appendix D. Weight loss is usually a cause for concern unless the participant is intentionally trying to lose weight through diet and exercise. All "at risk" elders should be referred to a dietitian or other medical practitioner.

Home Delivered Meals Program Participants

Elders should only be on the home delivered meal program if they are unable to leave their homes without great difficulty. Their inability to leave home may be because of illness, disability, or general frailty. They may be home bound because they cannot ride comfortably in an available vehicle for the time it takes to get to the congregate meal site. Because of their frailty, home-delivered clients should be a high priority for nutrition screening.

The "Home Delivered Meal Client Information Sheet" (found in Appendix C) should be completed for each elder and kept in a confidential place in your office. The sheet should be updated regularly.

In addition, you may want to have a record for each home delivered meal program participant. The record could include notations about services received, referrals made, and any notes the client has sent to your office. It is always a good idea to include a release of information if you plan to contact service providers about your client as well. A visit to an elder's home can provide you with all the information you will need to identify his or her nutritional risk.

Congregate Meal Program Participants

Screening congregate meal program participants has two purposes. The first is to determine who may be at nutritional risk and the second is to understand more about possible programs for nutrition education. The "Determine Your Nutritional Health" self assessment is a great way to allow elders to review their own health. If an elder is at high or moderate risk, you should refer them to a medical practitioner for an assessment. All elders can benefit from nutrition education information.

NUTRITION AND HEALTH EDUCATION FOR HEALTH PROMOTION

In addition to providing meals, health promotion is an important purpose of the nutrition services program. The congregate meal sites provide a great opportunity for nutrition education and other health education presentations. Elders receiving home delivered meals benefit from in-home instruction for themselves and their caregivers.

When you are planning nutrition and health education, you may want to enlist the assistance of your tribal dietitian. Keep in mind that many so-called reputable nutrition information sources may not be current or may be advertising a product. Good nutrition information is easy to spot because it will never make unrealistic claims (e.g., "You can lose 30 pounds in one week!"); Use personal stories to back up its claims (e.g., "Mrs. Jones was cured by taking vitamins."); Or claim that science is trying to keep their "discovery" secret so that doctors can make money from illness. Good nutrition information is based on science, rarely comes from people who have a product to sell and is easy to find if you know where to look.

Nutrition education for elders should focus on issues in which they are interested. It can take many forms, including newsletters, table tents, place mats, presentations, movies, demonstrations, games, and even field trips. Let your imagination help you to develop a plan for nutrition education for a year. Start with a theme for each month, and find a poster that supports that theme. Look to various associations to find good material at low- or no-cost. Check with your clinic for handouts and giveaways for the elders. Invite your dietitian or nurse to provide one-on-one information in a private setting for elders who come to lunch. Finally, make certain that your menu supports your theme. For example, make February "Heart Healthy Month." Hang posters from the American Heart Association that focus on healthy hearts and have a demonstration on using herbs instead of salt for seasoning. Write an article for the tribal paper or your elders' newsletter. Have a cholesterol screening day, serve a heart-healthy meal, and provide recipes for elders to take home.

Consider these points in developing your nutrition education and other health education programs:

- Use current, accurate information.
- Don't allow anyone who is selling something to come to talk to the elders.
- Keep your messages simple.
- Provide several short sessions rather than one long program.
- Use a variety of topics, ask for suggestions for topics from the elders in the program.
- Have guest speakers and demonstrations.
- Use a theme for a week or month and tie it together with menu items.

As part of their nutrition education series USDA has developed 10 Daily Guide Tip Sheets. These guides can be duplicated and used as educational resources and include:

- *Choose My Plate: 10 tips to a Great Plate*
- *Add More Vegetables to Your Day: 10 Tips to Help You Eat More Vegetables*
- *Focus on Fruits: 10 Tips to Help You Eat More Fruits*
- *Make Half Your Grains Whole: 10 Tips to Help You Eat Whole Grains*
- *Got Your Dairy Today?: 10 Tips to Help You Eat and Drink More Fat-Free and Low-Fat Dairy Foods*
- *With Protein Foods Variety is the Key: 10 Tips for Choosing Protein*
- *Build a Health Meal: 10 Tips for Healthy Meals*
- *Healthy Eating for Vegetarians: 10 Tips for Vegetarians*
- *Liven Up Your Meals With Vegetables and Fruits: 10 Tips to Improve Your Meals With Vegetables and Fruits*
- *Salt and Sodium: 10 Tips to Help You Cut Back*

The 10 Daily Guide Tip Sheets are included in the appendix at the back of this manual, along with the Daily DASH Diary and other DASH information.

AoA, in conjunction with the Office for Health Promotion and Disease Prevention developed a series of *"Older Adult Health Facts"* fact sheets for older adults based on the DGAs. These fact sheets are for elders and can be duplicated for handouts. They are available at www.olderindians.org and include:

- *Get the Most Nutrition Out of Your Calories*
- *For a Healthy Weight, Find Your Balance Between Food and Physical Activity*
- *Be Physically Active*
- *Eat Plenty of Fruits and Vegetables*
- *Choose Carbohydrates Wisely*
- *Know Your Fats*
- *Sodium and Potassium*
- *Play It Safe with Food*

Additional nutrition and health education resources can be found at:

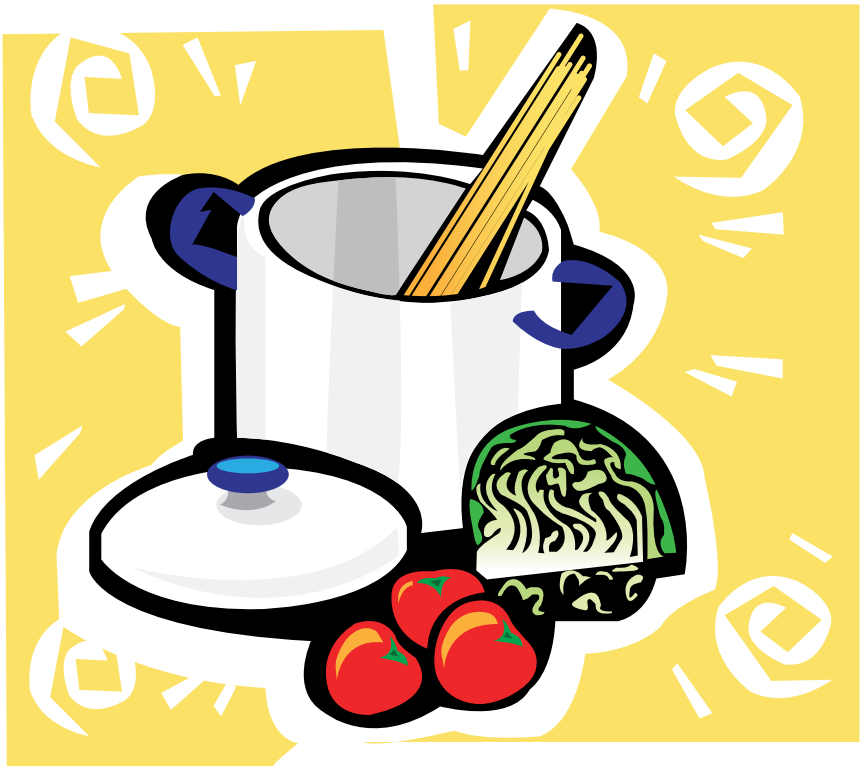
Indian Health Service: http://www.tucson.ihs.gov

USDA: http://usda.gov/fcs/cnpp.htm

http://www://www.nal.usda.gov/fnic

http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=2&tax_subject=257&topic_id=1355

SAFETY AND SANITATION



Chapter 6: Safety and Sanitation

Key Considerations:

- Know the rules about food safety and sanitation.
- Provide frequent training for staff.
- Use the expertise of the tribal, IHS, and state sanitarians and inspectors.
- Insist on good personal hygiene.
- Hold hot foods at temperatures above 140° F and cold foods at temperatures below 40° F and take food temperatures before and during serving.
- Appropriate equipment must be used (steam tables, refrigerated carts for congregate meals, and transport equipment to keep home delivered meals at proper temperatures).
- Temperature of foods for home delivery must be checked prior to leaving for delivery and checked at the last delivery point to ensure proper temperatures are being maintained.
- Do not leave a home delivered meal if the participant is not at home unless prior arrangements have been made for proper storage (e.g., a cooler with ice). Develop policies to handle these situations.

We must be aware of safety in all our activities, especially in our meals. Older adults are much more likely to get food borne illness (also called "food poisoning" or "ptomaine poisoning") than younger people. If they become ill, they are much more likely to die of that illness. Protecting the elders from contaminated foods is an essential part of running a high quality program.

The OAA requires that programs comply with all federal, state, or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage,

preparation, service, and delivery of meals. Thus, Title VI programs are required to have a safety inspection annually and are encouraged to post the results where program participants can see them. Additionally, when AoA monitors a program, a current sanitation inspection must be available. Failure to have an annual inspection or to have poor inspections without making the necessary improvements could result in suspension of your grant.

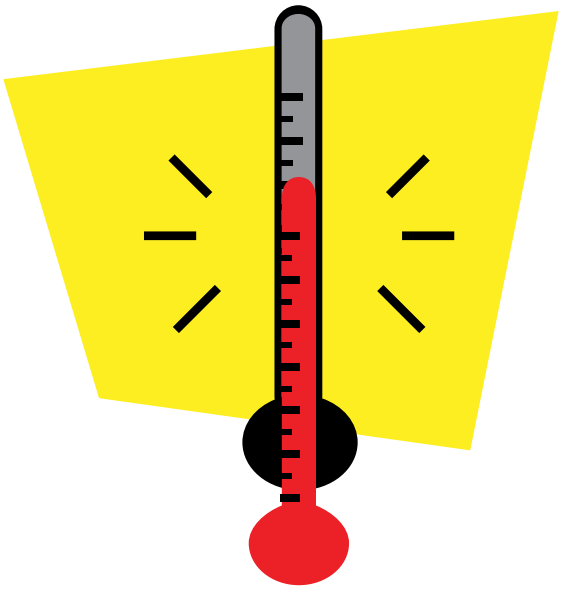
WHY ARE OLDER PEOPLE AT RISK FOR FOOD BORNE ILLNESSES?

There are many reasons older adults are more likely to get food borne illnesses, including:

- Immune system function becomes less effective as we age, especially for those who are already seriously ill or weakened by chemotherapy or other drugs.
- As we age, our stomachs produce less acid. Stomach acid is important because it kills bacteria. If the stomach acid cannot kill bacteria, it can enter the intestine and grow and cause illness. Elders who take medications, such as antacids that lower stomach acid, are at a higher risk.
- Changes in vision, taste, and smell may not alert elders to spoilage.
- Strength and energy tend to decline with increasing age so elders may have both less resistance to disease, and less reserve to fight off and recover from a food borne disease once they get it.

Keeping Food Safe

Although the U.S. has some of the highest sanitation standards in the world, no food is safe if it is mishandled. Three key areas to monitor for food safety in your kitchen include personal hygiene for the food handler, kitchen sanitation and controls, and storage conditions and procedures. Factors that may lead to an outbreak of food borne illness include:



1. **Unsafe thawing of frozen foods:** Allow adequate time to thaw frozen foods. Different parts of a food may thaw more quickly than other parts. This makes it easy for bacteria to grow on the outside while the inside remains frozen. Always thaw frozen foods in a refrigerator, never at room temperature.
2. **Improper cooking temperatures:** Foods must be cooked to the proper temperature to kill bacteria. Always use a metal stem thermometer, don't rely on the color of meat or other foods to determine done-ness. Bring hot foods to temperature quickly and keep them covered and hot for service using equipment that will keep food above 140°F at all times.
3. **Unsafe food holding temperatures:** Holding food between 40°F and 140°F is unsafe. This is known as the "danger zone" because bacteria can grow very quickly between 40°F and 140°F. When preparing food, keep ingredients chilled and always keep foods that are ready to cook in the refrigerator. Foods that are hot and to be served hot should be held at no less than 140° F. Foods that are cold should be held no higher than 40°F.
4. **Unsafe reheating of leftovers or foods prepared ahead of time:** Always cook all leftovers or prepared foods to at least 165° F. Foods that are prepared early in the day should be refrigerated until they need to be placed in the oven.
5. **Improper cooling of foods:** When foods are leftover, they must be cooled quickly if they are to be kept. NEVER let food cool down to room temperature before placing it in the refrigerator. Cool liquids by stirring in an ice bath until the food gets to 40° F. Chill foods quickly over ice before placing in the refrigerator. Divide large amounts of leftover foods into small, shallow containers for quick cooling. Cool thick solids like refried beans or mashed potatoes by spreading onto a sheet pan or cake pan and refrigerating immediately. Within 2 hours of beginning to chill, the food should be at no more than 75° F, and at 4 hours food should be at the required 40° F or colder.
6. **Improper sanitizing:** A surface can be clean with no visible dirt, crumbs, or mess, yet still have harmful bacteria. This is why our kitchens need to be sanitized. Sanitizing means that the surface or object has no bacteria on it that can cause illness. Washing a surface with soap and water can get it clean. To sanitize, it needs to be heated or treated with a chemical sanitizer like bleach. The extra step of rinsing an item or a surface with a mild bleach solution kills bacteria you cannot see and helps keep kitchens safe for food production.
7. **Cross contamination:** Cross contamination means that a food is touched by bacteria left on a counter, utensil, or hand by another contaminated food. All kitchen utensils and surfaces should be washed with soapy water and then sanitized with bleach water solution to ensure that anything that touches that surface remains safe. Cross contamination frequently occurs when poultry or meat is washed. Cooking will kill bacteria on the poultry, but food handlers may forget to sanitize the sink and counter. Cutting raw foods and cooked or ready-to-serve foods on the same cutting board without sanitizing between uses is another way that cross contamination can occur. Always sanitize cutting boards and knives.

8. **Improper food storage:** Food that is stored at the wrong temperature, not rotated so old food is used first, or stored in places where mice or insects can get to it can cause food borne illness. Never store food on a floor or uncovered in the refrigerator. Pay attention to how long food is stored. Mark and date leftovers and rotate foods that you purchase: the first purchased in should be the first used (first in/first out).
9. **Keeping foods too long:** Label all foods with the date they were prepared or purchased. Discard all foods that have reached their expiration date.
10. **Insects and rodents:** Watch for signs of rodent infestation. Droppings, chewed boxes, urine smell, and trails at the back of shelves are all indicators of rodents. Insects can come in with products and can spread bacteria. Screens and screen doors can help with insects but an exterminator may need to be called to take care of problems with cockroaches, mice, or rats.
11. **Chemicals stored near food:** Chemicals stored near foods can be deadly. Cleaning supplies should be kept away from food storage and on a bottom shelf where there is no chance of any product getting into a food production area.
12. **Poor personal hygiene:** Workers can be a source of contamination to foods. Daily bathing is a must for food handlers. Hand washing needs to take place before beginning work, after touching a contaminated food or utensil, after handling money, or after taking a break for a cigarette, meals, or a bathroom visit.
13. **Infected food handlers:** Sick or infected food workers can pass bacteria on to the foods being handled. Gloves and bandages should be worn over hands that have sores of any kind. Foods that are not to be cooked should never be touched with bare hands. Gloves should be used for handling breads for sandwiches, cookies, salads and fresh vegetables, fruits, and other non-cooked items.
14. **Unsanitary dish ware, utensils, and equipment:** All food preparation utensils, surfaces, and equipment need to be washed in hot soapy water and sanitized with a mild bleach solution. Using just the soapy solution or just the bleach doesn't work to sanitize. NEVER mix bleach with your soapy water to save a step. It decreases the sanitizing ability of the bleach.

WHAT CAUSES FOOD BORNE ILLNESS?

There are three general causes of food borne illness: chemicals; physical objects; and biological agents such as bacteria or viruses.

Chemical food borne illnesses are caused by foods that are contaminated by chemicals. To keep from purchasing contaminated foods, only buy foods from proper stores and markets. Be wary of discount food stores that sell outdated or "off" brands or food or food outlets that sell outdated or salvaged foods. Sometimes when a food has been recalled, it finds its way into these markets. Pay attention to recalls you hear about on the news and keep chemicals away from foods in your kitchen. The following are suggestions to prevent chemical contamination:

- Store chemicals in their original containers.
- Never use food containers to store chemicals.
- Make sure chemicals are clearly marked.
- Store chemicals away from food.
- Wash hands thoroughly after using chemicals.

Physical food borne illnesses are caused by objects or physical contaminants that find their way into the food. Examples include rocks from beans or rice, glass from broken dishes, or metal shavings from knife sharpeners or can openers. To avoid these types of food borne problems, sort beans on a tabletop before you soak them; never use glass utensils in the production area; and clean can openers daily and replace them when they are no longer easy to work. The drag on the can from the can opener is what causes metal shavings which can get into the food and may actually cut a hole in an intestine and cause serious injury to participants.

Biological food borne illness is the most common type of food borne illness. Although there are many organisms that cause illness from food, there are just a few things that you need to know to keep your kitchen safe. These biological organisms that cause food borne illness include:

Viruses: Viruses are not toxic, but are infectious. Foods are contaminated with viruses by infected food handlers. Make certain that people who are sick stay home and do not work in food production areas. Hepatitis is an example of a virus that can be transmitted from an infected person through food to another person.

Molds: Molds cause foods to spoil and the spoiled food sometimes causes illness. Foods that have mold have probably been stored too long or have been mishandled. Mold can change the characteristics of a food and allow bacteria to grow. For example, moldy pickles may

have less acid than they need to keep bacteria from growing. Remember that if one slice of bread in a loaf is moldy, the rest of the bread is unsafe as well. What we can see on a food is just the tip of the iceberg where mold is concerned. **WHEN IN DOUBT, THROW IT OUT!**

Bacteria are everywhere, most are perfectly harmless and many are helpful. Some can cause illnesses that can be deadly to older adults. Bacterial illness can be either an "infection" or an "intoxication." Infection occurs when bacteria get into the body where they grow and cause the illness. In an intoxication, the bacteria growing on the food produces poisons that make a person sick. These types of illnesses can be especially severe. To keep bacteria from spreading, do not let food touch anything that may contain disease-producing bacteria and protect food from bacteria in the air. To stop bacteria from growing, take away the conditions that encourage bacterial growth and keep foods below 40° F or above 140° F. To kill bacteria, use heat and/or chemicals. Most disease-causing bacteria are killed when subjected to temperatures of 170° F for 30 seconds. You can make foods, dishes, and equipment safe by exposing them to this temperature by cooking or heating. Certain chemicals also kill bacteria and these may be used for sanitizing equipment. It is important to remember that freezing does not kill bacteria.

BIOLOGICAL HAZARDS

The risk of getting a significant contagious disease in a senior center is small. However, we need to decrease the possibility of exposure to blood borne pathogens. Significant contagious diseases which are possible to get from bodily fluids include cytomegalovirus (CMV), hepatitis B virus (HBV), and human immunodeficiency virus (HIV) infections. The tribal sanitarian may determine that other diseases are significant contagious diseases.

"Universal Precautions" means protecting oneself from exposure to blood or bodily fluids through the use of latex gloves, masks, or eye goggles; cleaning blood and bodily fluid spills with soap and bleach solution and water; and disinfecting and incinerating or decontaminating infected waste before disposing in a sanitary landfill.

What about Blood borne Pathogens? Federal law went into effect on March 6, 1992, concerning occupational exposure to blood borne pathogens (29 CFR Part 1910.1030). This brief summary of the regulations will help you determine what may be required of your Title VI program. Any exposure could result in transmission of blood borne pathogens leading to disease or death. The law covers all employees who could be "reasonably anticipated," as the result of performing their job, to face contact with blood and other potentially infectious materials. OSHA has not attempted to list all occupations where exposure could occur. Assisting a co-worker with a nosebleed is not considered occupational exposure. Infectious materials can include blood and other bodily fluids where it is difficult or impossible to distinguish between bodily fluids (e.g., urine, feces, saliva)

What Must I Have in Place to Ensure My Program is in Compliance?

- **Exposure control plan:** All employers must identify, in writing, the task and procedures they will adopt in order to meet applicable compliance issues for the Blood borne Pathogens Final Standard. An exposure plan needs to cover all the information listed in the regulations but can be kept to simple one sentence facts.
- **Undertake precautions in treating bodily fluids/materials as if infectious:** Employers must provide, at no cost, and require employees to use suitable personal protective equipment such as gloves and masks. Hand washing facilities or alternative hand washing solutions must be available for all employees. All hazardous waste must be marked with a biohazard label and disposed of properly (ask the Indian Health Clinic for a demonstration on how this is done).
- **Cleaning schedules:** A written schedule must be in place for cleaning and decontamination of all containers and equipment, which have possible exposure to potentially infectious materials. A routine cleaning schedule should include the van seats and site waste baskets.
- **Hepatitis B vaccinations must be provided to any employee, at no cost, after a potentially infectious material exposure incident:** where the primary function of the employee is first aid or medical in nature. Information and training must be provided for all employees on all appropriate facts and procedures. Accurate records of any exposure incidents must be kept for the duration of employment plus 30 years.
- **Best practice information:** Most Title VI employees have the potential of being exposed to infectious materials because of the ways in which they work with people in their programs. Exposure could result from a bladder accident, vomit, a cut finger, or a fall. Each tribe is encouraged, for the protection of their employees and elders, to read the regulations, adopt an exposure plan, and provide exposure training for their employees.

What is a Biohazard Cleanup Kit? Employees should be trained on how to clean a potentially bio-hazardous spill. It makes a big difference on how to clean up and how to dispose of the waste. Many programs can go to the IHS or tribal clinic to get gloves, masks, and orange or red labeled biohazard plastic bags. These items may also be purchased through vendors. Waste material (labeled and bagged properly) can be taken to the closest IHS or other health facility for disposal; call to ask questions or make arrangements. The basics are:

- Antiseptic hand cleaner or disinfectant towelettes
- Disposable (exam or surgical) gloves
- Mask (mouth/nose splatter protection)
- Protective eye wear (goggles)
- Biohazard disinfectant solution (spray)
- "Gelling" agent
- Paper towels
- Disposable soap
- Biohazard marked bags (red/orange)
- Disposable resuscitation filter

TITLE VI SUPPORTIVE SERVICES

Chapter 7: Title VI Supportive Services

Key Considerations:

- Information and assistance are required.
- A variety of supportive services can be offered to meet the needs of your elders.
- Your needs assessment will help you determine which services are to be offered.
- Coordinate your efforts with other agencies and programs to provide maximum services to tribal elders.
- Maintain client confidentiality.

The OAA (Sec. 321) identifies supportive services as:

- Health, including mental health and nutrition, education, and training;
- Transportation services;
- Services designed to encourage and assist elders to use the facilities and services available to them;
- Services designed to assist in obtaining adequate, safe housing;
- Services designed to assist in avoiding institutionalization;
- Legal assistance;
- Physical activity, exercise, music, art , and dance-movement therapy;
- Health screenings;
- Pre-retirement counseling, benefits counseling, employment counseling;
- Crime prevention and victim assistance and elder abuse prevention;
- Inter-generational activities;
- In-home services for frail elders; and
- Other services necessary for the general welfare of older individuals.

The purpose of Title VI is to promote the delivery of supportive services that are comparable to services provided under Title III and that the services and benefits should be provided in a manner that preserves and restores elders' dignity, self-respect, and cultural identities. With the exception of information and assistance, the OAA allows Title VI programs the flexibility to identify the supportive service needs through a needs assessment and then provide these supportive services within the funds available.

INFORMATION AND ASSISTANCE (I&A)

Information and assistance activities are required under Title VI. Information is providing facts about services available to tribal elders to help them to remain independent and in their own homes and live happy and healthy lives. Assistance services help tribal elders get the services, such as helping with making appointments for them, helping with applications and other paperwork, and other "hands on" activities that result in them actually receiving the service.

Information and assistance services can be very informal (e.g., an elder or family member calls the senior center and asks what the telephone number is for the social security office) or very complex (e.g., a multi-person call center with access to electronic files that can be emailed to family members) but all share a common responsibility, to meet senior needs with accurate and current information. Often at the core of a program is a need for a senior information directory. Tribal communities may develop their own directory of tribal services for elders, however there are a wide variety of services outside of Indian Country that need to be considered by Title VI programs if elders are to be well-served. You need to maintain current information on programs and services available from other agencies in order to be able to assist your elders. A way to keep record of what agencies you have contacted, what services they provide, and a contact person will help you do this. A sample Agency Contact Record is included in Appendix E.

There are many ways to determine what types of information you need to have on hand. One way is your needs assessment. If a number of elders indicated they had difficulty finding home repair or modification, then you need to find information about home repair or modification and develop an information sheet with some resources on how to meet the need. Another way to determine what you will need for information for your seniors is to track what questions seniors ask when they call or visit for information. Tracking the subjects of senior information contacts over time will provide you with a great way to determine the information needs for older Indians.

In addition to providing the information, many elders will need assistance in accessing the services. Assistance may take place at your senior center. This may include making telephone calls for an elder to set up an appointment and to find out what paperwork the elder needs to take with her/him to the appointment. It can also mean inviting someone into the center to help elders fill out paperwork. For example, you could have someone from

the Medicare office visit your center and have the elders apply for Medicare. Assistance can also mean that one of your staff take some training, like tax preparation training, and then provide the assistance at the senior center. Often assistance includes a home visit to assist the elder to find essential paperwork (utility bills, rent statements, check stubs, and other documentation).

CASE MANAGEMENT

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services necessary to meet an elder's health and human service needs. Often it is a case manager who is able to keep an elder living in their own home by linking the elder with services and support that meet their needs and make their lives much more comfortable.

Case management provides ongoing support for the elder by continuously evaluating how the care plan is working and providing feedback to the service providers and caregivers about their work. Generally, case planning and management promotes more effective use of volunteers, contact agencies and programs when it is clear what is requested and how it is to be accomplished. Moreover, it provides a common understanding and commitment to the elder's goals.

There are nine goals in case management:

1. Assessing needs and strengths with the elder and developing objectives for a case plan.
2. Designing and implementing the case plan and mobilizing the service and family network.
3. Identifying a network of formal and informal services.
4. Linking elders to needed services.
5. Specifying the responsibilities of the client and the worker.
6. Setting the plan into action, networking identified services needed with the elder and assuring that services will be available.
7. Monitoring the progress of the elder and the services in meeting case objectives and revising the goals and tasks if necessary.
8. Evaluating the impact of services in relation to planned goals.
9. Determining the need for continued services or case termination.

Medicaid case management services: Long-term care services offered through the state under Medicaid usually include case management. If the elder qualifies for Medicaid, this may be the best route to meet his or her needs. Included in these services are assessment, case planning, case management, and evaluation and service authorization. In some states, these services can be provided for pay. The result is that the elder receives services which

they are comfortable with and a family member who provides the care is paid for their work. This can be a source of income for the family and provide the elder with the best care in a culturally appropriate manner.

TRANSPORTATION

One of the most common supportive services provided by Title VI programs is transportation. Transportation allows elders to attend senior center functions, including meals, access medical services, attend social functions, and maintain psychological health through contact with others in activities, outings, and cultural events. It is important to know what other transportation services are available and coordinate with them in order to not duplicate services. For example, if the CHR program provides transportation to medical appointments, the Title VI program should not also provide transportation to medical appointments.

The transportation program can be more than just providing rides. The van driver can be a gatekeeper for the elders.

- Drivers see these folks almost every day and probably know them better than most other people. They should look for changes in them that might signal illness.
- Drivers see people at home, they see the condition of the house and the yard. Drivers hear "chat" during the trip. Drivers are likely to notice sudden changes or serious problems.
- Gatekeepers are not intended to pry into the affairs of elders. If you see something that is not right, tell the program director and let her/him follow up on it.

Considerations for Transporting Elders: These suggestions can make a big difference in the quality and effectiveness of your service:

- Drivers should tell the elders their name and wear a colorful hat or jacket so the elders will know and be able to find them easily.
- All people involved with your program must treat all elders with respect.
- Allow plenty of time for pick-up and discharging elders. "The slower you go, the faster things get done." Trying to hurry elders can just frustrate them and the drivers.
- Ask for help and new ideas from the elders to make the program work well for everyone.
- Be prepared with an activity to offer during the ride.
- Try to keep calm, especially with your tone of voice.

Transportation Funding Sources for Title VI Programs

The primary federal source of transportation funding is the Intermodal Surface Transportation Efficiency Act of 1991. This act administered by the Federal Department of Transportation provides for funding in the following areas:

- Section 9 is for all areas, rural and urban, while 9(A)(1) refers to small urban areas (under 200,000 population). For this funding, ADA requirements must be met and the funding requires a local match.
- Section 16 is primarily for funding to states and is for elderly persons with disabilities and is usually administered by a state agency such as the State Department of Aging Services, State Department of Transportation, or State Highway Department.
- Tribes and states may work together to provide for transportation needs when they are identified. It also requires a local match of funds.
- Section 18 funds states for rural areas with a population less than 50,000 people. It is usually administered by the State Department of Transportation or the State Highway Department and it requires matching funds.

Contact your State Department of Transportation first. They will know which of the funding sources might apply to you. You can also get information on this funding source from the State Department on Aging. Other places to consider include:

- Private foundations
- Tribal government roads or transportation department
- Local car dealers (some tribes have received help or technical assistance from them)

Contacts for Coordination and Collaboration:

- Federal Transit Administration Regional Offices
- State Department of Transportation
- State Unit on Aging
- National Eldercare Institute on Transportation
- Tribal Transportation department
- Indian Affairs Commission in your state (if applicable)
- Private foundations

Contacts for Transportation/Driver Training:

Contact State Department of Transportation or State Police for the following driver training: National Safety Council; United States Department of Transportation Defensive Driving or Bus Maneuvering

OTHER TRANSPORTATION PROGRAMS

Tribal programs: Many tribes operate a variety of transportation programs, including a transit program that provides regular service on a specific route for very little or no cost.

State programs: Some states operate transportation services for Medicaid clients to get to medical appointments. If such a service operates in your state, you need to understand how it works for two reasons. First, elders who receive Medicaid services would be eligible to receive transportation to medical appointments without your program spending a dime. Second, if you are transporting Medicaid elders to medical appointments, your service may qualify for reimbursement for these services. Some tribes receive a per mile reimbursement, others receive gas vouchers for their activities.

Local community programs: Some communities have specialized transportation for people with disabilities, or "Dial-a-Ride" services for seniors through the Title III program. Often these services are available only to essential shopping, services, or medical appointments.

HOW DO I START A TRANSPORTATION PROGRAM?

There are a several places to look for transportation service assistance, both financial and programmatic. A good place to begin is the "Solutions Package for Volunteer Transportation Manual" found at:

http://www.easterseals.com/site/DocServer/Volunteer_Solutions_Package_Web.pdf?docID=31363. Although your program may not be a volunteer-based program, this manual was developed for use in rural locations and works well for small transportation programs to determine policies and procedures, as well as training for drivers. This wonderful resource includes checklists for drivers, vehicles, risk management and training, as well as sample policies, procedures, risk management suggestions, and even job descriptions.

The Tribal Technical Assistance Program (TTAP), established through the Intermodal Surface Transportation Efficiency Act of 1991, has provided valuable services to Native American communities via its technology transfer centers. These centers in Oklahoma, California, Colorado, Michigan, Montana, and Washington provide the communities with training activities, workshops, educational materials, and other special projects (Public Roads, 5/1/1998, Bravo, Nelda). You can ask them questions about establishing vehicles for Elder transportation or a tribal transportation system (http://www.ntl.bts.gov/DOCS/ste.html).

The TTAP centers assist tribal governments in developing intergovernmental coordination, transportation planning, and project selection. TTAP centers also focus on tourism as an economic development strategy.

(http://www.findarticles.com/p/articles/p/articles/mi_m3724/is_n6_v61/ai_21001177/pg_2)

OUTREACH

Outreach is another word for advertising. Your service population was defined in your Title VI application and your program needs assessment and you need to be reaching all your service population. Outreach activities help you reach, on an on-going basis, the hard-to-reach, isolated, and withdrawn eligible individuals throughout the service area.

- Designate a project staff person who is knowledgeable in dealing with and identifying needs of older persons to be responsible for outreach.
- Don't try to reach elders in only one way. Different methods work for different people.
- Arrange for referral and follow-up of individuals found to be in need of service.
- Provide accurate information about the program and available services.
- Personally encourage the elder to become a participant in some manner.

Outreach methods

- The most frequent way elders learn about your program is by word of mouth; if you do a good job, everyone is likely to know.
- Staff could go to a place where elders gather frequently and share the information about the program.
- Use the tribal newsletter, radio, or television system to tell about your program.
- Communicate with tribal and community leaders and keep them well informed about the program. They may be asked to support the elders' services in some way at some time. Knowing about the program and how important the services are to elders in the community makes it easier to support them financially when the need is there.
- Share information about your program in national newsletters, at conferences, and on your website. Not everyone who needs to know about your services lives in your service area. Frequently elders have family members living far away and may need to contact your program about the services you may offer their loved one or friend.
- Distribute flyers and posters. Put them in places where elders congregate. Think about the clinic, the post office, the casino or bingo hall and the grocery store. Be certain to include information through the churches and schools. It is not unusual for a family member to notice an elder's need for services before the elder is able to admit they need care.

HEALTH PROMOTION AND WELLNESS

Health promotion and wellness activities are important when working with elders. Using a program and materials that others have tested can provide you with some assurance that it will work. These are called evidence-based programs.

Evidence-based health promotion is a process of planning, completing, and measuring the success of programs that focus on the health of our people or our communities. Health programs can assist elders to overcome personal and community barriers and develop social support systems to stay healthy and active. Communities can improve their overall health by participating in these programs.

Evidence simply means facts or information that provides "truth" that a program works. Types of evidence include the following:

- Knowledge of a health problem that needs correcting that is common in a group of people: "This needs to be done."
- Evidence about a solution to the health problem that has been shown to be effective: "This will work to fix the problem."
- Information about the how the program will work when used with a certain group of people: "This is how it should be done."

What Are Some Evidence-Based Programs? There are several programs that have a strong science base and work well with older adults. Most of these programs have websites where you can obtain more information. You can also obtain information such as brief program descriptions, publications, and contact information at http://www.healthyagingprograms.org. An important benefit of using one of these methods of improving health is that they are always interested in testing their methods in other cultural settings and you may be able to receive some grant money to hire a person to do the program for you.

There are two programs in Indian country that have done a remarkable job of identifying a problem, planning a program to change the problem, and evaluating their results. These two efforts have resulted in the provision of services that have been directed by the elders they serve.

Wisdom Steps: Health Promotion - Wisdom Steps was organized as a partnership between Minnesota American Indian communities and the Minnesota Board on Aging. Wisdom Steps is governed by a Board of Directors that is made up of a representative from each of Minnesota's eleven reservations and from the cities of Duluth, Minneapolis, and St. Paul. Wisdom Steps developed a logo to provide for recognition, consistency, and ownership.

The logo consists of a pair of worn, tipped moccasins surrounded by symbols from the Dakota and Ojibwa tribes. The moccasins symbolize the American Indian community, and that they are worn and tipped represents the wisdom of the elderly.

One of the first things Wisdom Steps did was to conduct a needs assessment. Wisdom Steps formed a partnership with the National Resource Center on Native American Aging (NRCNAA) to find out what elders could tell about their health. The survey, *Identifying Our Needs: A Survey of Elders* was conducted in each interested community, and the results were used for planning Wisdom Steps activities.

Elders are encouraged to participate in three preventive health activities:

- **Health screenings:** Elders are encouraged to practice good preventive health by visiting their physicians and setting personal health goals. Elders are encouraged to have annual screenings for blood pressure, blood glucose, cholesterol, and weight.
- **Health education:** Elders are encouraged to attend education programs that support their health goal, and to watch and learn how and why preventive health is important.
- **Healthy living activities:** Elders are encouraged to practice good health by walking or joining in preventive health promotions that encourage routine exercise.

These preventive health activities correspond to the "little or none" category of the functional limitations chart developed by NRCNAA. Based on the needs assessment results, the majority of Minnesota's American Indian elderly fell into this category.

Additionally, a model project was developed for each of the preventive health activities. Health screenings contain "Medicine Talk" where communication is encouraged between elders and pharmacists.

For more information on the Wisdom Steps program, please contact:

Minnesota Board on Aging Indian Elder Desk
444 Lafayette Road
t. Paul, MN 55155-3843

Telephone: 651-297-5458

Or visit their website at: http://www.wisdomsteps.com

Eagle Shield Senior Citizens Center Home- and Community-Based Services - The Eagle Shield Senior Citizens Center's program, developed by the Blackfeet Tribe provides assistance to the elderly of the Blackfeet Reservation. The Blackfeet Reservation is located in the northwestern part of Montana and encompasses approximately 1.5 million acres.

Over the years, the Eagle Shield Senior Citizens Center has developed from a bare bones operation to a program that offers a wide range of senior services, from nutrition education and meal delivery to personal assistance and social activities.

- The nutrition program includes meal services that are provided as congregate meals at the Eagle Shield site, home delivered meals, and medical waiver-provided meals to people with disabilities.
- For social activities, the center provides the elders with a place to visit, read newspapers, or just hang out. Other social activities at the center include television viewing with videos of Blackfeet history, card and board games, space for quilting, a pool table, and an arbor and picnic tables for outdoor meals and socializing.
- In addition, the center serves as a base for community health activities such as flu shot clinics, free eye examinations for glaucoma and cataracts, and educational and social gatherings held annually for cancer and dialysis patients and their families.
- Cardio-glide exerciser and aerobics are available for the elders should they desire to exercise. The center operates separately from the local Community Health Representatives and Indian Health Service but works in conjunction with them to provide health services to the elderly.
- Eagle Shield Senior Citizens Center also provides access to services from other programs such as the Personal Care Attendant Program, Green Thumb Volunteers Worksite, and the Visually Impaired Program Volunteers.

For more information about Eagle Shield please contact Connie Bremner, Director, at 406-338-3483 or visit their website site at: http://www.blackfeetnation.com.

ELDER ABUSE AND ELDER PROTECTION SERVICES

Many tribes have elder protection codes or ordinances. If your tribe doesn't, you may want to convene a working group to talk about the issue and to develop a code. People or programs to enlist in a working group include a social worker, a public health nurse, law enforcement representative, and any other person/program dealing with elders.

Elder abuse is doing something or failing to do something that results in harm to an elderly person or puts a helpless older person at risk of harm. This includes:

- Physical, sexual, and emotional abuse;
- Neglecting or deserting an older person you are responsible for; or
- Taking or misusing an elderly person's money or property.

Elder abuse is an umbrella term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.

- **Physical abuse** is inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need.
- **Sexual abuse** is the infliction of non-consensual sexual contact of any kind.
- **Emotional or psychological abuse** is the infliction of mental or emotional anguish or distress on an elder through verbal or nonverbal acts.
- **Financial or material exploitation** is the illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder.
- **Neglect** is the refusal or failure by those responsible to provide food, shelter, health care, or protection for a vulnerable elder.
- **Self-neglect** is characterized as the behavior of an elderly person that threatens his/her own health or safety.
- **Abandonment** - The desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person

A survey of Title VI programs, elders, and Tribal Judges indicated the types of abuse found in Indian communities include:

- Financial exploitation
- Neglect
- Emotional abuse
- Sexual abuse

Elder Abuse Education and Prevention

It is better to prevent elder abuse than to have to deal with the consequences. Both elders and the community need to become aware of what elder abuse is and how to reduce the risk of it occurring. The likelihood of becoming a victim of elder abuse can be reduced by planning ahead. Preventative steps for elders include:

- Maintain social contacts outside your home. Continually cultivate friends of all ages so there are always people around you who are concerned about your well-being.
- Maintain regular medical and dental appointments and take care of your personal needs.
- Keep valuables in a safe place.
- If living with another, have your own phone. Send and open your own mail.
- Consider direct deposit for any regular monthly income.
- Be thoroughly familiar with your financial status and know how to handle your assets.
- Do not give your credit card, social security, or bank account numbers over the phone. Do not add another person's name to bank or insurance documents without legal advice.
- Be a smart consumer. Be wary of advertisers soliciting funds for one-of-a-kind deals or deals which provide unrealistic returns for your investments. Remember, if it sounds too good to be true, it usually is.
- Make a will and carefully consider all revisions before finalizing them.
- If a relative, particularly one who leads a troubled life, wants to live with you, think it over carefully. Be especially careful if the individual has a history of violent behavior or drug or alcohol abuse.
- Be careful when asked to sign anything. Have someone you trust review the document if you are unsure of the contents.
- Be wary about deeding or willing your house or other assets to anyone who promises to keep you out of a nursing home or take care of you at home if you become disabled.
- When you need help, ask a trusted friend, attorney, Title VI director, family member, or physician for assistance.

OTHER SUPPORTIVE SERVICES

In-Home Services: These services reach elders in their homes to assist them live comfortably in the community. These services include providing homemakers, home health aides, personal care, visiting and telephoning services, telephone reassurance, chores, and assistance for elders with Alzheimer's disease and other mental or physical disabilities.

Legal Assistance: These services help elders with legal problems related to their housing, health care, and long term care. Legal services can assist older Indians with advocacy, evaluating service needs, fair hearing rights, and other issues related to long term care and aging.

Day Care Services: Adult day care provides assistance for elders and their caregivers by giving support and care for elders while their caregivers get a break. Respite care services are required for tribes with Title VI C funds but may be provided with Title VI A and B funds as well.

General/Other: There is a long list of services that may be available to elders either through Title VI services through the tribe or through Title III and other funding sources in other areas. If you have an elder with a need for these services, look for locations near you that may provide them before you begin your own. Visit the service to determine if it is appropriate to refer your elders to. Knowing that a service exists is only half of your job. Seeing that it is appropriate for your elders is just as important. Sometimes, with a little education, the services can provide excellent, culturally appropriate services to older Indians.

SUPPORTIVE SERVICES RECORDS

Keeping track of the elders who participate in your services is an essential part of the Title VI Director's job. The records you keep on a daily basis will become the annual report required by your grant. Having a good way to keep track of each elder who receives services, including their name, age, date of birth, emergency contact information, and ability to perform activities of daily living, will help you to apply for grants, contact service providers about needs, and keep track of the number of participants your grant is serving.

Knowing which services are being provided by the grant and how many units of service are being provided will help you justify additional support or demonstrate need for services when you approach funding agencies. Finally, knowing where the money is going and what it is providing will help you to manage the program more effectively and demonstrate all that is done for the elders in your community.

Sample forms are included in Appendix C are also available online at

www.olderindians.org.

NATIVE AMERICAN FAMILY CAREGIVER SUPPORT PROGRAM

Chapter 8: Native American Family Caregiver Support Program

The Older Americans Act provides the opportunity to Title VI grantees to plan, develop, and implement family caregiver support programs for the benefit of non-paid family members caring for their elders and grandparents caring for their grandchildren (Title VI – Part C). A family caregiver is defined as an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. The Family Caregiver Support program provides services for caregivers, not the elders.

WHO IS ELIGIBLE FOR FAMILY CAREGIVER SUPPORT SERVICES?

- Informal, unpaid family caregivers of older adults. An older adult is the age used on your Title VI Part A application that was determined by the tribe to be an elder.
- Grandparents and relative caregivers, age 55 and older, who are the primary caregivers of a child not more than 18 years old because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child. They must be related to the child by blood, marriage, or adoption and live with the child.

The OAA requires that the Family Caregiver Support Program give priority to:

- Caregivers who are older individuals with the greatest social need.
- Older individuals with the greatest economic need, particularly low income individuals.
- Older individuals providing care to individuals with severe disabilities, including children with severe disabilities.

While there may be a need in your community to find a caregiver for a person who lives alone and does not have a family caregiver, you can not hire a caregiver for them with Title VI, Part C funds. Additionally, you cannot use Title VI, Part C funds to provide home nursing services for an elder. This program is only for non-paid family members providing caregiver services.

CAREGIVER SUPPORT SERVICES

Specific program services required include the following:

- Information to caregivers about available services;
- Assistance to caregivers in gaining access to the services;
- Individual counseling, organization of support groups, and caregiver training to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their care giving roles;
- Respite care to enable caregivers to be temporarily relieved from their care giving responsibilities; and
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

In addition to the required services, the 2005 Amendments to the OAA require the programs to use trained volunteers to expand the required services. If possible, you are to coordinate with organizations that have experience in providing training, placement, and stipends for volunteers, such as programs administered by the Corporation for National and Community Service. These would include VISTA Volunteers and Senior Corps Volunteers.

Family caregivers provide an array of services that include emotional, financial, nursing, social, homemaking, and other services needed on a daily or intermittent basis. Sometimes it means 24-hour care for someone who is unable to dress, feed, go to the bathroom, or think for him or herself. Care giving can last a lifetime or as little as a few days or months.

Caregivers interact with many individuals and programs, including other family members, health care providers, social workers, and Title VI program staff. Caregivers may also need to learn new skills about helping with activities of daily living, medical treatments and prescription drugs, or changes that occur as their loved one ages and their illness progresses. They may also need information about Medicare, Medicaid, and other services that are available to them to assist them with their care giving responsibilities.

It is important to recognize that the services available through this program include services **for the caregiver**, not for the elder who needs care. If caregivers are supported while they do their work, they can provide care longer and better. This support can help the elder, but services must be directed to the caregiver. If an elder doesn't have a caregiver, Title VI part C resources are not available to them. You cannot hire a caregiver for an elder with this grant unless it is to provide respite for a regular unpaid caregiver.

In Indian Country, the most likely caregivers are family members (spouses, daughters, granddaughters, and occasionally, male relatives), friends of the family, neighbors, or members of a church or social club who are close to the person needing care. Word of

mouth is the best way to find caregivers, but many caregivers don't identify themselves as such. Since caring for elders is a traditional activity in Indian Country, caregivers are simply doing what needs to be done.

The Native American Caregiver Support Program can help caregivers in a variety of ways. It is important to ask caregivers what would help them best. The suggestions included here are just suggestions. Be certain to include clinic staff and churches in your discussion of what caregivers need. Both may be able to support your programs with training, volunteers, and identifying caregivers.

Information and Assistance Services: Information and assistance services may be one way to identify caregivers. Often the first thing a caregiver seeks is information about caregiver services or assistance in getting the service. Once you identify a person who is caring for an elder, it is easy to begin to let them know about what is available. Caregivers may need information about services, equipment, and the illness or condition their loved one is experiencing. Assistance may be assistance with paperwork, finding resources, or helping them access programs that can provide assistance with yard work or heavy chores, housecleaning, or other tasks. Your Title VI, Part A program may be able to provide these services. However, remember that assistance under the Caregiver Support Program is to assist the caregiver in accessing the service, not providing the service.

Caregiver Counseling and Training: Caregivers need counseling and training about the best way to take care of themselves and training in how to perform some caregiver responsibilities, such as getting an elder out of bed. Some programs coordinate with their mental health program to provide in-home counseling for caregivers. Other programs work with their clinics or CHRs to provide training for the caregiver about care giving tasks. Training required by the OAA includes health, nutrition, and financial literacy, and training in making decisions and solving problems relating to their care giving roles. Training can be about general things such as communication with elders with dementia, end-of-life signs, or incontinence or as specific as catheter care, tube feeding, or filling insulin syringes. It is important that the person doing the training be qualified to provide it. If available, Caregiver Support Program funds can be used for limited refreshments at training meetings.

Support Groups: In a support group, members provide each other with various types of nonprofessional, nonmaterial help for a particular shared issue. The help may take the form of providing relevant information, relating personal experiences, listening to others' experiences, providing sympathetic understanding and establishing social networks. Some programs have used a Caregiver Stress Test to help open up the discussion. An example of a stress test is provided in Appendix F. Other programs have found it useful to have a men's support group because men did not come to the regular support group. Confidentiality is an important aspect of support groups. If available, Caregiver Support Program funds can be used for limited refreshments at support group meetings.

Respite: Respite care is care provided to a frail elder so that the caregiver can have a break. Respite care can be provided in the home of the elder or the caregiver or it can be provided at an out-of-home setting such as the respite person's home, senior center, or day care center. "Frail" means that the elder is functionally impaired because s/he is unable to perform at least two activities of daily living or due to a cognitive or other mental impairment, requires substantial supervision because the elder behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

Some programs provide the care by giving the caregiver a voucher and allowing them to choose their own provider and circumstances. If the respite provider is not a family member, you will want to check your tribe's policies about background checks. You need to develop policies on who can provide respite, what, if anything, you are going to pay for respite, how you are going to pay for respite, the number of hours allowed, and all other issues concerning your respite program. Sample instructions for substitute caregivers is provided in Appendix F.

Supplemental Services: Supplemental services must also be available to caregivers of frail elders and include such things as translation and interpretation services and lending libraries/closets. "Frail" means that the elder is functionally impaired because s/he is unable to perform at least two activities of daily living or due to a cognitive or other mental impairment, requires substantial supervision because the elder behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

QUALITY ASSURANCE

One of the requirements of the Native American Caregiver Support Program is for programs to establish standards and mechanisms to assure the quality of services provided through their program. Quality assurance can be used for many purposes, including program management, program improvement, and accountability. Quality assurance can help you decide if you are providing timely and relevant services, if your services are improving the quality of life for the family caregivers and the areas in which you can improve. By using regular quality assurance measures, you can help ensure you are providing quality family caregiver support services that meet the needs of your caregivers.

Because of the diversity of programs, no single approach or set of criteria for quality assurance will apply to all programs. Loretta Wind Jumper, former coordinator for the Muscogee (Creek) Nation's program has identified the following steps for developing quality assurance programs:

Step 1:Identify the quality indicators to be used. Quality indicators should relate to the health and welfare of the caregiver. Some types of quality indicators are:

1. Structural indicators, the resources and infrastructure that are needed are in place Examples:
   - Staff qualifications and training
   - Policies and procedures, including what family caregiver support services are provided and who is eligible to receive the service
   - Record maintenance
2. Process indicators, the activities provided are consistent with current knowledge and informed consumer preferences Examples:
   - Program plan based on caregiver needs assessment
   - Monitoring of information and handouts provided in training to assure accuracy
   - The number of support groups or other sessions attended by caregivers
   - Referrals are appropriate for services needed
3. Outcome indicators, the services provided have positive results Examples: - Caregiver satisfaction surveys
   - Caregivers are able to maintain their care giving role
   - Caregivers actually received services from the referral agencies or programs

Step 2: Develop clear definitions of the quality indicators, including targets or other benchmarks to be used to compare results.

Step 3: Decide what information and data need to be collected and how to collect it. Look at your quality indicators and determine how you are going to measure them and how often they need to be measured. Types of information and data that may be collected include:

- An annual client satisfaction survey
- Participant evaluations of training sessions
- Evaluation of training session content
- Review of referrals
- Review of practices to ensure that you policies and procedures are being followed, i.e., are only those who are eligible to receive respite services are receiving them
- Analysis of caregiver complaints

Step 4: Develop a plan for data analysis and distribution. You not only need to collect information, you need to analyze it and distribute the results. Some information will be used to identify program weaknesses. Other data will be used to show the effectiveness of the program and build support for continuing the program.

MAINTENANCE OF EFFORT

The OAA requires that caregiver support funds supplement, and not supplant, any federal, state, or local funds for caregiver services. In other words, if some other program was paying for caregiver support services, funds from the Native American Caregiver Support Program cannot be used for those same services. However, Title VI, Part C funds can be used to provide additional services.

REPORTS

As with other Title VI programs, reports are required to describe services that are provided and the dollars spent on those services. Keeping track of services for caregivers is important to justify continued funding of these important services. You may use the forms included in Appendix F or those found on http://www.olderindians.org, or you may make up your own. Keeping information current means that it will be much easier to complete when it is time to submit the report.

The forms included in Appendix C are easy to use. For the monthly form "Family Caregiver Support Services Log," put the name of the caregiver on line A and put the name of the Care Receiver (person they care for) on line B. Looking across the page, put a check mark for each time that a caregiver receives a service. The Care Receiver line is blacked out because this service is for the caregiver only. At the end of the month, add up each column of service and put the total on the Caregiver Services Report. If you keep these forms current, record keeping will be easy to do.

Resources

There are many sources for good information for caregivers on the internet, here are a few:

http://www.nwrcwa.org: Website of the Northwest Regional Council has links to care giving information and Caregiver Kits.

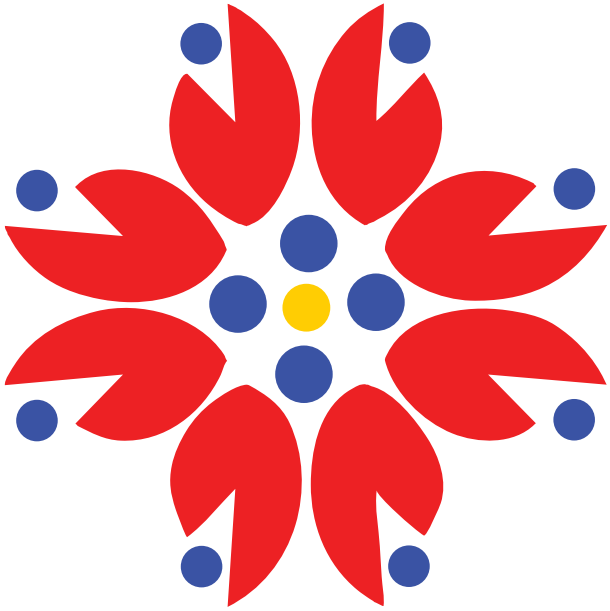
http://www.care giving.com: Denise Brown publishes an Internet newsletter for caregivers.

http://www.caregiver.org: The Family Caregiver Alliance.

http://www.care giving.org: The National Alliance for Care giving.

http://www.aoa.gov: Information from the Administration on Aging.

http://www.caregiver.com: Today's Caregiver Magazine, a publication to which family caregivers may want to subscribe.



Books

Male Caregivers' Book : Caring for Your Loved One with Alzheimer's at home, Alzheimer's Association, Iowa Golden Chapter, (1992), Iowa

Taking Time for Me: How Caregivers Can Effectively Deal with Stress, Karr, Katherine L. (1992), Buffalo, NY: Prometheus Books.

Dying at Home: A Family Guide for Care giving, Sankar, A., (1999), Baltimore, MD: The John Hopkins University Press.

The Alzheimer's Source Book for Caregivers: A Practical Guide for Getting Through the Day, Gray-Davidson, F. (1999), Los Angeles, CA: Lowell House.

A Gathering of Wisdoms, Swinomish Tribal Mental Health Project (Backlund, M. et al), (1991), Mt. Vernon, WA: Veda Vangarde.

Coping with Care giving: A Common Sense Approach, Pirie, Inez, RD, (1996), Amarillo, TX: Ruhl Press.

The Home Care Companion's Quick Tips for Caregivers, Karpinski, Marion, R.N., Healing Arts Communication (2000). Canada.

A Family Caregiver's Guide to Planning & Decision Making for the Elderly, Wilkinson, James A., (1999) Fairview Press, Minneapolis, MN.

The Caregiver Survival Series: Preventing Caregiver Burnout, Creative Care giving, Positive Caregiver Attitudes, The Magic of Humor in Care giving, Coping with Caregiver Worries, Sherman, James R., Ph.D., (1998) Pathway Books, Golden Valley, MN. (This series contains five booklets)

Reclaiming Time: Caregiver Relief and Renewal, Task Force on Aging, Church Council of Greater Seattle (1996), Seattle, WA.

How Did I Become My Parent's Parent?, Schiff, Harriet S. (1996), Penguin Books, New York, NY.

Coping with Caregiver Worries, Sherman, James R. (1998), Pathway Books, Golden Valley, MN.

The Magic of Humor in Care giving, Sherman, James R. (1995), Pathway Books, New York, NY.

The Grit & Grace of Being a Caregiver: Maintaining Your Balance as You Care for Others, Aquarius Productions, Inc. Sherborn, MA: Willowgreen Productions.

Grandparents Raising Grandchildren, Fanlight Productions, Boston, MA.

APPENDIX A:

OLDER AMERICANS ACT

Code of Federal Regulations (CFR 1326)

CFR

PART 1326 – Grants to Indian Tribes for Support and Nutrition Services

Section 1326.1 Basis and purpose of this part.
Section 1326.3 Definitions.
Section 1326.5 Applicability of other regulations.
Section 1326.7 Confidentiality and disclosure of information.
Section 1326.9 Contributions.
Section 1326.11 Prohibition against supplantation.
Section 1326.13 Supportive services.
Section 1326.15 Nutrition services.
Section 1326.17 Access to information.
Section 1326.19 Application requirements.
Section 1326.21 Application approval.
Section 1326.23 Hearing procedures.

§1326.1 Basis and purpose of this part.

This program was established to meet the unique needs and circumstances of American Indian elders on Indian reservations. This part implements title VI (part A) of the Older Americans Act, as amended, by establishing the requirements that an Indian tribal organization shall meet in order to receive a grant to promote the delivery of services for older Indians that are comparable to services provided under Title III. This part also prescribes application and hearing requirements and procedures for these grants.

§1326.3 Definitions.

"Acquiring," as used in section 307(a)(14) of the Act, means obtaining ownership of an existing facility in fee simple or by lease for 10 years or more for use as a multipurpose senior center.

Altering" or *"renovating,"* as used in section 307(a)(14) of the Act with respect to multipurpose senior centers, means making modifications to or in connection with an existing facility which are necessary for its effective use as a center. These may include renovation, repair, or expansion which is not in excess of double the square footage of the original facility and all physical improvements.

"Budgeting period," as used in §1326.19 of this part, means the intervals of time into which a period of assistance (project period) is divided for budgetary and funding purposes.

"Constructing," as used in section 307(a)(14) of the Act with respect to multipurpose senior centers, means building a new facility, including the costs of land acquisition and architectural and engineering fees, or making modifications to or in connection with an existing facility which are in excess of double the square footage of the original facility and all physical improvements.

"Department," means the Department of Health and Human Services.

"Indian reservation," means the reservation of any Federally recognized Indian tribe, including any band, nation, pueblo, or rancheria, any former reservation in Oklahoma, any community on non-trust land under the jurisdiction of an Indian tribe, including a band, nation, pueblo, or rancheria, with allotted lands, or lands subject to a restriction against alienation imposed by the United States, and Alaskan Native regions established, pursuant to the Alaska Native Claims Settlement Act (84 Stat. 688).

"Indian tribe," means any Indian tribe, band, nation, or organized group or community, including any Alaska Native Village, regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians (25 U.S.C. 450b).

"Means test," as used in the provision of services, means the use of an older Indian's income or resources to deny or limit that person's receipt of services under this part.

"Older Indians," means those individuals who have attained the minimum age determined by the tribe for services.

"Project period," as used in §1326.19 of this part, means the total time for which a project is approved for support, including any extensions.

"Service area," as used in §1326.9(b) and elsewhere in this part, means that geographic area approved by the Commissioner in which the tribal organization provides ~~supportive and~~ nutritional services to older Indians residing there. A service area may include all or part of the reservation or any portion of a county or counties which has a common boundary with the reservation. A service area may also include a non-contiguous area if the designation of such an area will further the purpose of the Act and will provide for more effective administration of the program by the tribal organization.

"Service provider," means any entity that is awarded a sub grant or contract from a tribal organization to provide services under this part.

"Tribal organization," as used in §1326.7 and elsewhere in this part, means the recognized governing body of any Indian tribe, or any legally established organization of Indians which is controlled, sanctioned or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities. Provided that in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian tribe, the approval of each Indian tribe shall be a prerequisite to the letting or making of the contract or grant (25 U.S.C. 450b).

§1326.5 Applicability of other regulations.

The following regulations in title 45 of the Code of Federal Regulations apply to all activities under this part:

a. Part 16 – Procedures of the Departmental Grant Appeals Board;
b. Part 74 – Administration of Grants;
c. Part 75 – Informal Grant Appeals Procedures;
d. Part 80 – Nondiscrimination Under Programs Receiving Federal Assistance through the Department of Health and Human Services: Effectuation of Title VI of the Civil Rights Act of 1964;
e. Part 81 – Practice and Procedure for Hearings under part 80 of this Title;
f. Part 84 – Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving Benefits from Federal Financial Participation; and
g. Part 91 – Nondiscrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance from HHS.

§1326.7 Confidentiality and disclosure of information.

A tribal organization shall have confidentiality and disclosure procedures as follows:

a. A tribal organization shall have procedures to ensure that no information about an older Indian or obtained from an older Indian by any provider of services is disclosed by the provider of such services in a form that identifies the person without the informed consent of the person or of his or her legal representative, unless the disclosure is required by court order, or for program monitoring by authorized Federal or tribal monitoring agencies.

b. A tribal organization is not required to disclose those types of information or documents that are exempt from disclosure by a Federal agency under the Federal Freedom of Information Act, 5 U.S.C. 552.

§1326.9 Contributions.

a. Each tribal organization shall:

   1. Provide each older Indian with a free and voluntary opportunity to contribute to the cost of the service;
   2. Protect the privacy of each older Indian with respect to his or her contribution;
   3. Establish appropriate procedures to safeguard and account for all contributions;
   4. Use all services contributions to expand comprehensive and coordinated services systems supported under this part, while using nutrition services contributions only to expand services as provided under section 307(a)(13)(c)(ii) of the Act.

b. Each tribal organization may develop a suggested contribution schedule for services provided under this part. In developing a contribution schedule, the tribal organization shall consider the income ranges of older Indians in the service area and the tribal organization's other sources of income. However, means tests may not be used.

c. A tribal organization that receives funds under this part may not deny any older Indian a service because the older Indian will not or cannot contribute to the cost of the service.

§1326.11 Prohibition against supplantation.

A tribal organization shall ensure that the activities provided under a grant under this part will be in addition to, and not in substitution for, comparable activities provided without Federal assistance.

§1326.13 Supportive services.

a. A tribal organization may provide any of the supportive services mentioned under title III of the Older Americans Act, and any other supportive services that are necessary for the general welfare of older Indians.

b. If an applicant elects to provide multipurpose senior center activities or uses any of the funds under this part for acquiring, altering or renovating a multipurpose senior center facility, it shall comply with the following requirements:
   1. The tribal organization shall comply with all applicable local health, fire, safety, building, zoning and sanitation laws, ordinances or codes.
   2. The tribal organization shall assure the technical adequacy of any proposed alteration or renovation of a multipurpose senior center assisted under this part. The tribal organization assures technical adequacy by requiring that any alteration or renovation of a multipurpose senior center that affects the load bearing members of the facility is structurally sound and complies with all applicable local or State ordinances, laws, or building codes.
c. If an applicant elects to provide legal services, it shall substantially comply with the requirements in §1321.71 and legal services providers shall comply fully with the requirements in §1321.71(c) through §1321.71(p).

§1326.15 Nutrition services.

a. In addition to providing nutrition services to older Indians, a tribal organization may:
   1. Provide nutrition services to the spouses of older Indians;
   2. Provide nutrition services to non-elderly handicapped or disabled Indians who reside in housing facilities occupied primarily by the elderly, at which congregate nutrition services are provided;
   3. Offer a meal, on the same basis as meals are provided to older Indians, to individuals providing volunteer services during meal hours; and
   4. Provide a meal to individuals with disabilities who reside in a non-institutional household with and accompany a person eligible for congregate meals under that part.
b. Each tribal organization may receive cash payments in lieu of donated foods for all or any portion of its funding available under section 311(a)(4) of the Act. To receive cash or commodities, the tribal organization shall have an agreement with the U.S. Department of Agriculture's Food and Nutrition Service (FNS) to be a distributing agency.
c. Where applicable, the tribal organization shall work with agencies responsible for administering other programs to facilitate participation of older Indians.

§1326.17 Access to information.

A tribal organization shall:

a. Establish or have a list of all services that are available to older Indians in the service area;
b. Maintain a list of services needed or requested by the older Indians; and
c. Provide assistance to older Indians to help them take advantage of available services.

§1326.19 Application requirements.

A tribal organization shall have an approved application. The application shall be submitted as prescribed in section 604 of the Act and in accordance with the Commissioner's instructions for the specified project and budget periods. The application shall provide for:

a. Program objectives, as set forth in section 604(a)(5) of the Act, and any objectives established by the Commissioner;
b. A description of the geographic boundaries of the service area proposed by the tribal organization;
c. Documentation of the ability of the tribal organization to deliver supportive and nutrition services to older Indians, or documentation that the tribal organization has effectively administered supportive and nutrition services within the last 3 years;
d. Assurances as prescribed by the Commissioner that:
    1. A tribal organization represents at least 50 individuals who have attained 60 years of age or older;
    2. A tribal organization shall comply with all applicable State and local license and safety requirements for the provision of those services;
    3. If a substantial number of the older Indians residing in the service area are of limited English-speaking ability, the tribal organization shall utilize the services of workers who are fluent in the language spoken by a predominant number of older Indians;
    4. Procedures to ensure that all services under this part are provided without use of any means tests;
    5. A tribal organization shall comply with all requirements set forth in §1326.7 through 1326.17; and
    6. The services provided under this part will be coordinated, where applicable, with services provided under title III of the Act.
e. A tribal resolution(s) authorizing the tribal organization to apply for a grant under this part; and
f. Signature by the principal official of the tribe.

§1326.21 Application approval.

a. Approval of any application under section 604(e) of the Act, shall not commit the Commissioner in any way to make additional, supplemental, continuation, or other awards with respect to any approved application or portion thereof.
b. The Commissioner may give first priority in awarding grants to grantees which have effectively administered such grants in the prior year.

§1326.23 Hearing procedures.

In meeting the requirements of section 604(d)(3) of the Act, if the

Commissioner disapproves an application from an eligible tribal organization, the tribal organization may file a written request for a hearing with the Commissioner.

a. The request shall be postmarked or delivered in person within 30 days of the date of the disapproval notice. If it requests a hearing, the tribal organization shall submit to the Commissioner, as part of the request, a full written response to each objection specified in the notice of disapproval, including the pertinent facts and reasons in support of its response, and any and all documentation to support its position. Service of the request shall also be made on the individual(s) designated by the Commissioner to represent him or her.
b. The Administration on Aging shall have the opportunity to respond with 30 days to the merits of the tribal organization's request.
c. The Commissioner notifies the tribal organization in writing of the date, time and place for the hearing.
d. The hearing procedures include the right of the tribal organization to:
    1. A hearing before the Commissioner or an official designated by the Commissioner;
    2. Be heard in person or to be represented by counsel, at no expense to the Administration on Aging;
    3. Present written evidence prior to and at the hearing, and present oral evidence at the hearing if the Commissioner or designated official decides that oral evidence is necessary for the proper resolution of the issues involved;
    4. Have the staff directly responsible for reviewing the application either present at the hearing, or have a deposition from the staff, whichever the Commissioner or designated official decides;
    5. The Commissioner or designated official conducts a fair and impartial hearing, takes all necessary action to avoid delay and to maintain order and has all powers necessary to these ends;
    6. Formal rules of evidence do not apply to the hearings;
    7. The official hearing transcript together with all papers, documents, exhibits, and requests filed in the proceedings, including rulings, constitutes the record for decision;
    8. After consideration of the record, the Commissioner or designated official issues a written decision, based on the record, which sets forth the reasons for the decision and the evidence on which it was based. The decision is issued within 60 days of the date of the hearing, constitutes the final administrative action on the matter and is promptly mailed to the tribal organization; and
    9. Either the tribal organization or the staff of the Administration on Aging may request for good cause an extension of any of the time limits specified in this section.

APPENDIX B:

TITLE VI PROGRAM MANAGEMENT

Agreement of Confidentiality Form

Release of Information from Other Agencies

Volunteer Staff Memorandum of Agreement

Advisory Committee/Council Job Descriptions

Note: This document only serves as an example and should not be accepted as appropriate for all programs. Policies on confidentiality must take into consideration how a program is organized, and the types of staff who need to have access to records to perform their job and all the requirements of the federal government affecting the operation of a program.

AGREEMENT OF CONFIDENTIALITY

To respect the integrity and promote the welfare of our tribal elders and their families, it is essential that private information not be circulated beyond the limits of the professional relationship. As an employee of (or volunteer for) _____I have read, understand and agree to abide by the **Statement of Confidentiality and the Program Policies and Procedures for Protecting Confidentiality**.

I understand that I will be violating privacy if I disclose information beyond that needed for service(s) and/or make public disclosures or semi-public disclosures to other agencies or outside people without the person's knowledge and freely given consent; except in cases of reporting abuse or neglect to elders or their family members. I understand that information which shall be recorded and maintained is that which is essential to provide services. Violating the program's policies and procedures for confidentiality will be considered a cause for immediate release from employment (or termination of volunteer services).

_____

Signature

_____

Date

RELEASE OF INFORMATION TO AND FROM OTHER AGENCIES

(A copy of this document shall have the same purpose and effect as the original)

TO WHOM IT MAY CONCERN:

I, _____ do hereby give permission

(Print Name)

For _____ to release information

(Name of Agency)

To _____

Which would be used to benefit me and/or

Assist in determining my eligibility for services under

_____

(Name of Program or Service)

I also give permission for _____ to release:

_____

(Identify Information)

_____

To the following agencies for the same purpose

(Name of Agencies which records are to be released)

1)

2)

3)

4)

DATE: _____ Signed: _____

VOLUNTEER STAFF MEMORANDUM OF AGREEMENT

As a volunteer for the _____, I understand that my service to the program has the same requirements as for a paid staff member.

In that regard I will:

1. Follow program policies and procedures and all employee guidelines.
2. Sign an agreement of confidentiality regarding disclosure of information.
3. Attend staff meetings and training events.
4. Meet the same health and sanitation requirement as other staff members.

I also understand that, like a paid staff member, I may be terminated from my volunteer responsibilities for a good cause.

Unless changed by agreement on this document, I will continue for a period of _____ and serve _____ hours per week

_____

Volunteer

_____

Program Director

TITLE VI ADVISORY COMMITTEE POSITION DESCRIPTIONS

Chairperson

RESPONSIBILITIES:

1. Preside over all meetings, establish the agenda, and post notices of meetings.
2. Conduct fair and impartial meetings for the participants of the Title VI Program.
3. Assist in establishing committees such as: fund-raising, activities, etc.
4. Assist in enforcing policies for the Title VI Program.
5. Perform duties of the Director in his/her absence.
6. Assist the program in any capacity to promote the services available with the Senior Program.
7. Assist with all fund-raising activities.

QUALIFICATIONS:

Must be a participant of the program in good standing.

Must be able bodied to assist in all fund-raising activities.

Must have good communications skills (verbal and language if necessary).

Must have knowledge of program operation, or be willing to learn.

Must provide support to the Program Director.

Vice-Chairman/Vice Chairperson

RESPONSIBILITIES:

1. Perform duties of the Chairman/Chairperson in his/her absence.

2. Assist the Chairperson in setting dates and posting notices for meetings.

3. Assist committees with agendas, information needed.

4. Assist in enforcing policies for the Title VI Program.

5. Assist program by performing duties necessary when the Director is unavailable.

6. Assist with all fund-raising activities.

QUALIFICATIONS:

Must be a participant of the program in good standing.

Must be able bodied to assist in all fund-raising activities.

Must have good communication skills (verbal and tribal language, if necessary).

Must have knowledge of program operation, or be willing to learn.

Must provide support to the Program Director.

Treasurer

RESPONSIBILITIES:

1. Maintain records and checking account for reporting purposes.
2. Provide financial report at the monthly Advisory Committee meetings.
3. Assist in reviewing and enforcing policies for the program.
4. Assist program by performing duties necessary when the Director and other staff are unavailable.
5. Assist with all fund-raising activities.

QUALIFICATIONS:

Must be a participant of the program in good standing.

Must be able bodied to assist in all fund-raising activities.

Must have good communication skills (verbal and tribal language, if necessary).

Must have knowledge of program operation, or be willing to learn.

Must provide support to the Program Director.

Secretary

RESPONSIBILITIES:

1. Record monthly Advisory Committee meetings minutes.

2. Provide agenda/documentation for everyone at the meeting.

3. Make copies prior to each meeting.

4. Assist program by performing duties necessary when the Director and other staff are unavailable.

5. Assist with all fund-raising activities.

QUALIFICATIONS:

Must be a participant of the program in good standing.

Must be able bodied to assist in all fund-raising activities.

Must have good communication skills (verbal and language, if necessary).

Must have knowledge of program operation, or be willing to learn.

Must provide support to the Program Director.

Members (greeting participants, recruiting volunteers, fund-raising, and social activities)

RESPONSIBILITIES:

1. Attend monthly Advisory Committee meetings.

2. Assist the program with greeting participants, recruiting volunteers, fund-raising, and social activities as designated.

3. Assist program by performing duties necessary when the Director and other staff are unavailable.

4. Assist the program by enforcing policies of the program.

5. Assist with all fund-raising activities.

QUALIFICATIONS:

Must be a participant of the program in good standing.

Must be able bodied to assist in all fund-raising activities.

Must have good communication skills (verbal and language, if necessary).

Must have knowledge of program operation, or be willing to learn.

Must provide support to the Program Director.

APPENDIX C:

TITLE VI PROGRAM ACCOUNTABILITY

Elder Intake Form

Title VI Program Performance Report

SF-425 Federal Financial Report

List of Unduplicated Count – Congregate Meals

List of Unduplicated Count – Home Delivered Meals

List of Unduplicated Count – Supportive Services

Daily Services Log

Home Delivered Meal Client Information

Native American Family Caregiver Support Program Services Log

Caregiver Services Report

Meal Cost Worksheets

ELDER INTAKE FORM

Today's Date: _____

Last name: _____

First name: _____ Middle initial: _____

Date of birth: _____ Sex: ☐ Male ☐ Female

CONTACT INFORMATION

Street address: _____

City: _____ State: _____

Zip code: _____ Phone Number: _____

Email address: _____

SPOUSE & EMERGENCY CONTACT INFORMATION

Marital status: ☐ Married ☐ Divorced/Separated ☐ Widowed

☐ Single ☐ Unknown

Spouse's name: _____

Spouse's date of birth: _____

Name of emergency contact (1): _____

Phone: _____

Name of emergency contact (2): _____

Phone: _____

COMMUNICATION INFORMATION

Primary Language: ☐ Tribal ☐ English ☐ Spanish

☐ Other ☐ Unknown

Preferred communication method: ☐ Written ☐ Oral

Does the elder have basic literacy skills (those necessary to perform simple and everyday literacy activities)? ☐ Yes ☐ No

---

HOUSING INFORMATION

Type of housing: ☐ House ☐ Apartment ☐Community Housing

☐ Other ☐ Unknown

Housing composition: ☐ Lives with spouse ☐ Lives with family/friends

☐ Lives alone ☐ Other ☐ Unknown

Number in household: _____

Grandchildren in household? ☐ Yes ☐ No

If yes, how many grandchildren? _____

DIETARY INFORMATION

In need of home-delivered meals (frail or home-bound): ☐ Yes ☐ No

Food allergies (if any): _____

_____

_____

Special dietary considerations: _____

_____

HEALTH INFORMATION

Elder has the following chronic health concerns:

☐ Asthma ☐ Alzheimer's ☐ Arthritis ☐ Cancer

☐ Chronic pain ☐ Dementia ☐ Diabetes ☐ Falls

☐ Heart disease ☐ High cholesterol ☐ Hypertension

☐ Other: _____

_____

Elder takes the following medications and at what frequency: _____

_____

_____

MISCELLANEOUS

Income (voluntary): _____

Primary transportation: ☐ Provides own transportation ☐ Relies on family/friends

☐ Uses tribal transportation ☐ Other ☐ Unknown

Elder's concerns: _____

_____

Services the elder needs or is interested in: _____

_____

_____

OMB No. 0985-007

Expiration Date: 8/31/2009

ADMINISTRATION ON AGING TITLE VI PROGRAM PERFORMANCE REPORT

Title VI, Parts A, B, and C **Title VI, Part A and B only**

Tribal Organization _____

Address _____

Part A and B Grant No. _____ Part C Grant No. _____ Report Period _____

TITLE VI, PART A and B REPORT

A. STAFFING INFORMATION. Enter the number of staff paid wholly or partly by Title VI, Part A funds.

Full-time staff _____

Part-time staff _____

B. NUTRITION SERVICES

1. Congregate Meals:

   a. UNDUPLICATED NUMBER of eligible persons who received one or more congregate meal. _____

   b. TOTAL NUMBER of congregate meals served. _____

2. Home-Delivered Meals:

   a. UNDUPLICATED NUMBER of eligible persons who received one or more home-delivered meals. _____

   b. TOTAL NUMBER of home-delivered meals provided. _____

_____

3. Other Nutrition Services:
   a. Nutrition Education _____
   b. Nutrition Counseling _____

C. SUPPORTIVE SERVICES

1. UNDUPLICATED NUMBER of eligible Indians who received one or more of the supportive services below.
2. TOTAL NUMBER OF UNITS OF SERVICE in the following categories: _____

ACCESS SERVICES	Total Units of Service
a. Information/Referral	
b. Outreach	
c. Case Management	
d. Transportation	
LEGAL ASSISTANCE	
IN-HOME SERVICES	_____
a. Homemaker Services	_____
b. Personal Care/Home Health Aid Service	_____
c. Chore Service	_____
d. Visiting	_____
e. Telephoning	_____
f. Family Support	_____
OMBUDSMAN SERVICES	_____
HEALTH PROMOTION AND WELLNESS	_____
ALL OTHERS	_____

****OFFICIAL SIGNATURE** - If only completing Title VI, Part A and B of this report, go to page 4 to sign and date.**

TITLE VI, PART C REPORT

A. STAFFING INFORMATION. Enter the number of staff paid wholly or partly by Title VI, Part C funds

1. Full-time staff _____

2. Part-time staff _____

B. CAREGIVER SUPPORT SERVICES. Enter the UNDUPLICATED NUMBER of eligible Indians who received each category of support services in the "Unduplicated Number" column. Enter the TOTAL NUMBER of units of service provided from all sources of funds (excluding Title III) in the "Total Number" column.

	Category	**Unduplicated Number**	**Total Number**
a.	Information about available services:	_____	_____
b.	Assistance in gaining access to available services:	_____	_____
c.	Caregiver services:	_____	_____
	a. Individual Counseling	_____	_____
	b. Support Groups	_____	_____
	c. Caregiver Training	_____	_____
	d. Lending Closet	_____	_____
	e. Other	_____	_____
d.	Respite	_____	_____

C. Briefly describe your coordination activities in providing supportive services for caregivers.

D. Briefly describe the standards and quality assurance mechanisms you are using.

_____

_____

Report Certified By _____

(Tribal Official)

Date Submitted _____

_____

TIME IT TAKES TO COMPLETE THIS FORM

We estimate that it will take you about 2.5 hours to complete this form. This includes the time it will take to read the instructions, gather the necessary facts, and fill out the form.

This data collection is authorized by Section 614(a)(3) of the Older Americans Act and Title 45 of the Code of Federal Regulations, Part 92.40(b)(1).

If you have comments or suggestions on this estimate or on any other aspect of this form, write to the Department of Health and Human Services, Administration on Aging, Attention: Reports Clearance Officer, Room 5704, 1 Massachusetts Avenue, N.W., Washington, DC, 20001.

INSTRUCTIONS FOR COMPLETING THE AOA PROGRAM PERFORMANCE REPORT

Always submit any reports or correspondence concerning the Title VI program with the Grant Number. This number can be located on the Grant Award Document.

This report covers the grant period starting April 1 through March 31. A report is due within 30 days of the end of each budget period within the project period and within 90 days of the end of the project period.

SEND ONE COPY OF ALL REPORTS TO:

Mail to: **Administration on Aging**

Office of Grants Management

Washington, DC 20201

OR

Deliver to: **Administration on Aging**

Office of Grants Management

1 Massachusetts Ave., NW

Washington, DC 20001

TITLE VI, PARTS A, B, AND C REPORT DATA UNITS AND DEFINITIONS

Staffing

1. Paid Staff: enter the total number of full- and part-time employed by the grantee who are paid from the Title VI grant.

TITLE VI, PART A and B ONLY

Nutrition Services

This section provides the unduplicated count of people served and the total number of services provided. An eligible participant can be counted only once each year for congregate meals and once each year for home-delivered meals. The count starts on April 1 and ends on March 31.

1.a. **Unduplicated Number Served Congregate Meals:** Enter the unduplicated total number of eligible persons served one or more congregate meal during the reporting period. An eligible person is: an Indian elder; a spouse of an Indian elder; individuals providing volunteer services during meal hours; and non-elderly handicapped or disabled person who reside at home with and accompany an elder or who reside in housing facilities occupied primarily by the elderly.

1.b. **Total Number of Congregate Meals Served:** Enter the total number of meals served in a congregate setting to eligible persons for the grant year, April 1–March 31.

2.a. **Person Served Home Delivered Meals:** Enter the unduplicated total number of eligible persons served one or more home-delivered meals. An eligible person is: an Indian elder; a spouse of an Indian elder; individuals providing volunteer services during meal hours; and non-elderly handicapped or disabled persons who reside at home with and accompany an elder or who reside in housing facilities occupied primarily by the elderly.

2.b. **Number of Home Delivered Meals Served:** Enter the total number of meals delivered to eligible persons at home for the grant year, April 1- March 31.

3. **Other Nutrition Services:** Enter the total number of units of service provided from all sources of funding (excluding Title III) for each nutrition service.

Supportive Services

1. Unduplicated Number of persons served: Enter the number of different eligible persons who received one or more of the supportive services listed below.

2. Enter the total number of services provided from all sources of funds (except for Title III) for each of the supportive services.

DEFINITIONS FOR UNITS OF SERVICE

Congregate Meal (1 Meal): Provision, to an eligible participant at a nutrition site, senior center or some other congregate setting, a meal which:

Complies with the USDA/DHHS Dietary Guidelines for Americans; and provides, if one meal is served, a minimum of 33 ½% of the RDA, 66 ⅔% if two meals are served for one day, and 100% if three meals are served for one day.

Home-Delivered Meal (1 Meal): Provision, to an eligible participant in their place of residence, a meal which:

1. Complies with the USDA/DHHS Dietary Guidelines for Americans; and
2. Provides, if one meal is served, a minimum of 33 ½% of the RDA; 66 ⅔% if two meals are served for one day, and 100% if three meals are served for one day.

Nutrition Education (1 hour = 1 unit of service): An educational program provided by a knowledgeable person to promote better health by providing accurate and culturally sensitive nutrition or health (as it relates to nutrition) information and instruction in a group or individual setting.

Nutrition Counseling (1 hour = 1 unit of service): Provision of individualized advice and guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, medication use, or chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional.

Information/Referral (1 contact = 1 unit of service): Provision of concrete information to a client about available public and voluntary services and resources (including name, address, and telephone number of service or resource and linkage with appropriate community resource(s) to ensure necessary service will be delivered to the client. Must include contact and follow-up with the provider and/or client.

Outreach (1 contact = 1 unit of service): Conducting activities to identify elders eligible for services, providing information to eligible elders about available services, and encouraging an elder to use existing services. This is a one-on-one contact, not a group service such as public education.

Case Management (1 hour = 1 unit of service): Assisting either in the form of access or care coordination when the elder or their caregiver is experiencing diminished functioning capacities or other characteristics which require the provision of services by formal service providers. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, and follow-up and reassessment, as required.

Transportation (1 One Way Trip = 1 unit of service): Includes both transportation (provision of a means of going from one location to another) and assisted transportation (provision of assistance, including escort to a person who has difficulties using regular vehicular transportation). A round trip is counted as two units of services.

Legal Services (1 contact = 1 unit of service): Performing legal and financial transactions on behalf of an elder based upon a legal transfer of responsibility (i.e., as part of protective services) or assisting an elder in legal matters.

Homemaker Services (1 hour = 1 unit of service): Providing assistance for housecleaning, laundry, shopping, and meal preparation.

Personal Care/Home Health Aid Service (1 hour = 1 unit of service): Providing personal assistance with eating, dressing, bathing, toileting, transferring in and out of bed/chair or walking and providing in-home health services such as checking blood pressure and blood glucose and assistance with personal care. Does require trained personnel.

Chore Service (1 hour = 1 unit of service): Providing assistance to persons having difficulty with heavy cleaning, yard work, walk maintenance, minor home repair, wood chopping, hauling water, and other heavy duty activities which the older person(s) is unable to handle on his/her own and which do not require the services of a trained homemaker or other specialist.

Visiting (1 contact = 1 unit of service): Visiting services include going to see an elder in order to comfort or help in reading or writing a letter.

Telephoning (1 contact = 1 unit of service): Telephone services include phoning in order to provide comfort or help or to check up on the elder.

Family Support (1 contact = 1 unit of service): Family support services include providing services to family members who care for an elder such as counseling or discussing the elder's situation.

Ombudsman (1 contact = 1 unit of service): Investigating and resolving complaints made by or for older Indians residing in long-term care facilities; provide information about problems of resident older Indians.

Health Promotion and Wellness (1 hour = 1 unit of service per person if it is a group activity; for example, a 1-hour exercise class for 10 people and would count as 10 units of service): Activities conducted to improve the mental and physical health of elders, including walking groups, exercise classes, other types of recreation, and health education classes on health care.

All Others: Other services may include:

Assessment (1 contact = 1 unit of service): Collecting necessary information about a client to determine need and/or eligibility for a service. Information collected may include demographics, health status, financial status, etc. and may also include routine tests such as blood pressure, hearing, vision, etc.

Escort Service (1 contact = 1 unit of service): Accompanying and personally assisting a client to obtain a service.

Public Information (1 hour of preparation = 1 unit of service): Writing, reproducing, and mailing a program newsletter; writing a newspaper column; or providing a radio/television interview.

Interpreting/Translating: Explaining the meaning of oral and/or written communication to non-English speaking and/or persons living with a disability unable to perform the function.

FINANCIAL STATUS REPORT

(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code)			
4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report ☐ Yes ☐ No	7. Basis ☐ Cash ☐ Accrual
8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays			0.00
b. Refunds, rebates, etc.			0.00
c. Program income used in accordance with the deduction alternative			0.00
d. Net outlays *(Line a, less the sum of lines b and c)*	0.00	0.00	0.00
Recipient's share of net outlays, consisting of: e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays *(Sum of lines e, f, g and h)*	0.00	0.00	0.00
j. Federal share of net outlays *(line d less line i)*	0.00	0.00	0.00
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share *(sum of lines j and m)*			0.00
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds *(Line o minus line n)*			0.00
Program income, consisting of: q. Disbursed program income shown on lines c and/or g above			
r. Disbursed program income using the addition alternative			
s. Undisbursed program income			
t. Total program income realized *(Sum of lines q, r and s)*			0.00

11. Indirect Expense	a. Type of Rate *(Place "X" in appropriate box)* ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13. Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Signature of Authorized Certifying Official	Date Report Submitted February 4, 2008

Previous Edition Usable
NSN 7540-01-012-4285

269-104

Standard Form 269 (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

(Long Form)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0039), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award (e.g., how to calculate the Federal share, the permissible uses of program income, the value of in-kind contributions, etc.). You may also contact the Federal agency directly.

Item	Entry
1, 2 and 3.	Self-explanatory.
4.	Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.
5.	Space reserved for an account number or other identifying number assigned by the recipient.
6.	Check *yes* only if this is the last report for the period shown in item 8.
7.	Self-explanatory.
8.	Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."
9.	Self-explanatory.
10.	The purpose of columns, I, II, and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report *in the same funding period*. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.
10a.	Enter total gross program outlays. Include disbursements of cash realized as program income if that income will also be shown on lines 10c or 10g. Do not include program income that will be shown on lines 10r or 10s. For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.
10b.	Enter any receipts related to outlays reported on the form that are being treated as a reduction of expenditure rather than income, and were not already netted out of the amount shown as outlays on line 10a.
10c.	Enter the amount of program income that was used in accordance with the deduction alternative.
Note:	Program income used in accordance with other alternatives is entered on lines q, r, and s. Recipients reporting on a cash basis should enter the amount of cash income received; on an accrual basis, enter the program income earned. Program income may or may not have been included in an application budget and/or a budget on the award document. If actual income is from a different source or is significantly different in amount, attach an explanation or use the remarks section.
10d,	e, f, g, h, i and j. Self-explanatory.
10k.	Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded. Do not include any amounts on line 10k that have been included on lines 10a and 10j. On the final report, line 10k must be zero.
10l.	Self-explanatory.
10m.	On the final report, line 10m must also be zero.
10n,	o, p, q, r, s and t. Self-explanatory.
11a.	Self-explanatory.
11b.	Enter the indirect cost rate in effect during the reporting period.
11c.	Enter the amount of the base against which the rate was applied.
11d.	Enter the total amount of indirect costs charged during the report period.
11e.	Enter the Federal share of the amount in 11d.
Note:	If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

SF-269 Back (Rev. 7-97)

LIST OF UNDUPLICATED COUNT CONGREGATE MEALS

Keep track on a regular basis an unduplicated list of the names of eligible participants who receive supportive services (e.g., transportation, information, and referral). A participant's name will only go on the list one time each year. Start the list April 1 and end the list March 31st. Each program must keep a separate unduplicated list for congregate, home delivered, and supportive services. A name can go on more than one list but can only appear once on each list.

1.	33.	65.
2.	34.	66.
3.	35.	67.
4.	36.	68.
5.	37.	69.
6.	38.	70.
7.	39.	71.
8.	40.	72.
9.	41.	73.
10.	42.	74.
11.	43.	75.
12.	44.	76.
13.	45.	77.
14.	46.	78.
15.	47.	79.
16.	48.	80.
17.	49.	81.
18.	50.	82.
19.	51.	83.
20.	52.	84.
21.	53.	85.
22.	54.	86.
23.	55.	87.
24.	56.	88.
25.	57.	89.
26.	58.	90.
27.	59.	91.
28.	60.	92.
29.	61.	93.
30.	62.	94.
31.	63.	95.
32.	64.	96.

LIST OF UNDUPLICATED COUNT HOME DELIVERED MEALS

Keep track on a regular basis an unduplicated list of the names of eligible participants who receive supportive services (e.g., transportation, information and referral). A participant's name will only go on the list one time each year. Start the list April 1 and end the list March 31. Each program must keep a separate unduplicated list for congregate, home delivered, and supportive services. A name can go on more than one list but can only appear once on each list.

1.	33.	65.
2.	34.	66.
3.	35.	67.
4.	36.	68.
5.	37.	69.
6.	38.	70.
7.	39.	71.
8.	40.	72.
9.	41.	73.
10.	42.	74.
11.	43.	75.
12.	44.	76.
13.	45.	77.
14.	46.	78.
15.	47.	79.
16.	48.	80.
17.	49.	81.
18.	50.	82.
19.	51.	83.
20.	52.	84.
21.	53.	85.
22.	54.	86.
23.	55.	87.
24.	56.	88.
25.	57.	89.
26.	58.	90.
27.	59.	91.
28.	60.	92.
29.	61.	93.
30.	62.	94.
31.	63.	95.
32.	64.	96.

LIST OF UNDUPLICATED COUNT SUPPORT SERVICES

Keep track on a regular basis an unduplicated list of the names of eligible participants who receive supportive services (e.g., transportation, information and referral). A participant's name will only go on the list one time each year. Start the list April 1 and end the list March 31. Each program must keep a separate unduplicated list for congregate, home delivered, and supportive services. A name can go on more than one list but can only appear once on each list.

1.	33.	65.
2.	34.	66.
3.	35.	67.
4.	36.	68.
5.	37.	69.
6.	38.	70.
7.	39.	71.
8.	40.	72.
9.	41.	73.
10.	42.	74.
11.	43.	75.
12.	44.	76.
13.	45.	77.
14.	46.	78.
15.	47.	79.
16.	48.	80.
17.	49.	81.
18.	50.	82.
19.	51.	83.
20.	52.	84.
21.	53.	85.
22.	54.	86.
23.	55.	87.
24.	56.	88.
25.	57.	89.
26.	58.	90.
27.	59.	91.
28.	60.	92.
29.	61.	93.
30.	62.	94.
31.	63.	95.
32.	64.	96.

DAILY SERVICES LOG

SENIOR PROGRAM

Participant Names

Date: _____

Congregate Meals	MEALS
Home Delivered Meals	
Information/Referral	ACCESS
Outreach	
Transportation	
Legal Assistance	LEGAL
Homemaker	IN-HOME
Home Health Aid	
Chore	
Telephoning	
Visiting	
Family Support	
Ombudsman	OMBUDSMAN
Advocacy	ALL OTHER SERVICES
Assessment	
Counseling	
Cultural	
Education	
Escort	
Income Support	
Interpretation	
Translation	
Letter writing/Reading	
Physical Fitness	
Recreation	
Shopping	
Volunteers	VOLUNTEER
Cash	

HOME-DELIVERED MEAL INFORMATION SHEET

Today's Date: _____

Referred By: _____

ELDER CONTACT INFORMATION

Last Name: _____

First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

Directions to Home/Color of House / Cross Streets / Identifying Landmarks:

_____

_____

_____

_____

_____

Does the elder own dogs that could interfere with the delivery? ☐ Yes ☐ No

May the delivery person enter the elder's home after knocking, without waiting for a response from the elder? ☐ Yes ☐ No

Phone: _____

Sex: ☐ Female ☐ Male

Date of birth: _____

Elder is unable to leave home without assistance because: _____

_____

_____

MEAL INFORMATION

Number of meals to be delivered per week: _____

Type of meal: ☐ Hot ☐ Frozen

Special considerations: ☐ No sweets ☐ No Bread ☐ No Milk

Other Special Instructions (Allergies/Food Preferences): _____

_____

_____

_____

_____

PHYSICAL CONDITION

Physician Name: _____

Physician Phone: _____

Medications: _____

_____

Height: _____

Weight: _____

Do you sometimes lose interest in things you used to enjoy? ☐ Yes ☐ No

Elder should be re-checked in: ☐ 3 Months ☐ 6 Months ☐ _____ Months

DIASTER or EMERGENCY INFORMATION

In emergency, elder should be priority: ☐ 1 (High) ☐ 2 ☐ 3 (Low)

Does elder need emergency water? ☐ Yes ☐ No

CAREGIVER INFORMATION

Caregiver Name and Schedule: _____

_____

_____

_____

Caregiver is: ☐ Paid ☐ Unpaid ☐ Related ☐ Not Related

Signature: _____

FAMILY CAREGIVER SUPPORT SERVICES LOG

This report can be used to track daily and monthly services. Put slash marks for each time a caregiver receives services. Elders may be served by more than one caregiver.

NAMES A. Caregiver name B. Care Receiver name Last Name, First Name	Information about Caregiving	Assistance for Caregivers	Training	Counseling	Support Group	Respite Care	Loan Closet	Other :	Other:	Other:
A.										
B.										
A.										
B.										
A.										
B.										
A.										
B.										
A.										
B.										
A.										
B.										
A.										
B.										
A.										
B.										

YEARLY CAREGIVER SERVICES REPORT

	Information about Caregiving	Assistance for Caregivers	Training	Counseling	Support Group	Lending Closet	In Home Respite Care	Other:	Other:	Other:
April										
May										
June										
July										
August										
September										
October										
November										
December										
January										
February										
March										
Total Services in Grant Year										

MEAL COST WORKSHEETS

Raw Food Cost Worksheet

Date _____/_____/_____

NUMBER OF MEALS SERVED FOR MONTH (A):

Eligible Congregate Meals _____
Eligible HDM Meals _____
Staff Meals _____
Meal – Time Volunteers Meal _____
Guests Meals _____
TOTAL MEALS (A) _____ (A) _____ (A)

FOOD COST (B):

Beginning Inventory (___/___/___) $_____
Add Total Purchases (___/___-__/___/__) +_____
Sub Total = $_____
Subtract Closing Inventory (as of ___/___/___) -_____
TOTAL FOOD COST (B) $_____ (B)

TOTAL RAW FOOD COST (C)

= TOTAL FOOD COST (B) ÷ TOTAL MEALS SERVED (A)

$_____ (B) ÷ _____ (A) = $ _____/MEAL (C)

NET MEAL COST $_____ (C)

Sample Raw Food Cost Worksheet

Date 3 / 31 / 13

NUMBER OF MEALS SERVED FOR MONTH (A):

Eligible Congregate Meals	1518	
Eligible HDM Meals	851	
Staff Meals		
Meal – Time Volunteers Meal		
Guests Meals		
TOTAL MEALS (A)	2369 (A)	2369 (A)

FOOD COST (B):

Beginning Inventory (3 / 1 / 13)	$ 5,008.00	
Add Total Purchases(3 / 1 - 3/31/13)	+ 5165.87	
Sub Total	= $ 10,173.87	
Subtract Closing Inventory (as of 3/31/13)	- 4,891.00	
TOTAL FOOD COST (B)		$ 5282.87(B)

TOTAL RAW FOOD COST (C)

= TOTAL FOOD COST (B) ÷ TOTAL MEALS SERVED (A)

$ 5282.87 (B) ÷ 2369 (A) = $ 2.23 /MEAL (C)

NET MEAL COST $ 2.23 (C)

Labor Cost Worksheet

Date _____/_____/_____

LABOR COST PER DAY

EMPLOYEE HOURS PER DAY

_____Employee A × _____ Hours = _____Hours
_____Employee B × _____ Hours = _____Hours
_____Employee C × _____ Hours = _____Hours
_____Employee D × _____ Hours = _____Hours
_____Employee E × _____ Hours = _____Hours

TOTAL DAILY EMPLOYEE HOURS = _____

COST OF SALARY & BENEFITS (S&B)

_____S&B × _____ Employee A Hours = $_____
_____S&B × _____ Employee B Hours = $_____
_____S&B × _____ Employee C Hours = $_____
_____S&B × _____ Employee D Hours = $_____
_____S&B × _____ Employee E Hours = $_____

TOTAL LABOR COST PER DAY = _____ (D)

TOTAL NUMBER OF MEALS SERVED PER DAY = _____ (E)

LABOR COST (F) =

Total Labor Cost per Day (D) ÷ Total Number of Meals Served/Day (E)

$_____ (D) ÷ _____ (E) = $ _____ (F)

NET LABOR COST $_____ (F)

Sample Labor Cost Worksheet

Date 3 / 31 / 13

LABOR COST PER DAY

EMPLOYEE HOURS PER DAY

2 Employee A × 8 Hours = 16 Hours
2 Employee B × 5 Hours = 10 Hours
_____ Employee C × _____ Hours = _____ Hours
_____ Employee D × _____ Hours = _____ Hours
_____ Employee E × _____ Hours = _____ Hours

TOTAL DAILY EMPLOYEE HOURS = 26

COST OF SALARY & BENEFITS (S&B)

$4.50 S&B × 16 Employee A Hours = $ 72.00
$4.50 S&B × 10 Employee B Hours = $ 45.00
_____ S&B × _____ Employee C Hours = $_____
_____ S&B × _____ Employee D Hours = $_____
_____ S&B × _____ Employee E Hours = $_____

TOTAL LABOR COST PER DAY = $117.00 (D)

TOTAL NUMBER OF MEALS SERVED PER DAY = 103 (E)

LABOR COST (F) =

Total Labor Cost per Day (D) ÷ Total Number of Meals Served/Day (E)

$ 117.00 (D) ÷ 103 (E) = $ 1.14 (F)

NET LABOR COST $ 1.14 (F)

Other Cost Worksheet

Date _____/_____/_____

OTHER COSTS PER DAY

DAILY EXPENSES PER DAY

	RENT	$_____
	GAS	$_____
	ELECTRIC	$_____
	PHONE	$_____
	REPAIR	$_____
*OTHER	_____	$_____
	_____	$_____

TOTAL DAILY EXPENSES PER MONTH $_____ (G)
NUMBER OF DAYS SERVED PER MONTH _____ (H)

OTHER COSTS PER DAY (I) =

Total Daily Expenses (G) ÷ Number of days served (H)

$_____ (G) ÷ _____ (H) = $ _____ (I)

OTHER COSTS PER MEAL (J) =

Other costs per day (I) ÷ Total number of meals served (A)

$_____ (I) ÷ _____ (E) = $ _____ (J)

OTHER COSTS PER MEAL $_____(J)

*Other – Monthly Cost not listed

TOTAL COST PER MEAL

_____ (C) + _____ (F) + _____ (J) = [ ]
Total Cost Per Meal

Sample Other Cost Worksheet

Date 3 / 31 / 13

OTHER COSTS PER DAY

DAILY EXPENSES PER DAY

	RENT	$ 500.00
	GAS	$ 100.00
	ELECTRIC	$ 200.00
	PHONE	$ 60.00
	REPAIR	$ 119.00
*OTHER	_____	$ _____
	_____	$ _____

TOTAL DAILY EXPENSES PER MONTH $979.00 (G)
NUMBER OF DAYS SERVED PER MONTH 23 (H)

OTHER COSTS PER DAY (I) =

Total Daily Expenses (G) ÷ Number of days served (H)

$ 979.00 (G) ÷ 23 (H) = $ 42.56 (I)

OTHER COSTS PER MEAL (J) =

Other costs per day (I) ÷ Total number of meals served (A)

$ 42.56 (I) ÷ 103 (E) = $ 0.41 (J)

OTHER COSTS PER MEAL $ 0.41 (J)

*Other – Monthly Cost not listed

TOTAL COST PER MEAL

2.23 **(C)** + 1.14 **(F)** + 0.41 **(J)** = $ 3.78
Total Cost Per Meal

APPENDIX D:

TITLE VI NUTRITION SERVICES

Determine Your Nutrition Health Assessment

Menu Planning Template

Home Delivered Meal Temperature Record

Refrigerator/Freezer Temperature Record

Daily Guide Tip Sheets

Daily DASH Diary

10 tips
Nutrition Education Series

choose MyPlate

10 tips to a great plate

Making food choices for a healthy lifestyle can be as simple as using these 10 Tips.
Use the ideas in this list to *balance your calories*, to choose foods to *eat more often*, and to cut back on foods to *eat less often*.

1 balance calories

Find out how many calories YOU need for a day as a first step in managing your weight. Go to www.ChooseMyPlate.gov to find your calorie level. Being physically active also helps you balance calories.

2 enjoy your food, but eat less

Take the time to fully enjoy your food as you eat it. Eating too fast or when your attention is elsewhere may lead to eating too many calories. Pay attention to hunger and fullness cues before, during, and after meals. Use them to recognize when to eat and when you've had enough.

3 avoid oversized portions

Use a smaller plate, bowl, and glass. Portion out foods before you eat. When eating out, choose a smaller size option, share a dish, or take home part of your meal.

4 foods to eat more often

Eat more vegetables, fruits, whole grains, and fat-free or 1% milk and dairy products. These foods have the nutrients you need for health—including potassium, calcium, vitamin D, and fiber. Make them the basis for meals and snacks.

5 make half your plate fruits and vegetables

Choose red, orange, and dark-green vegetables like tomatoes, sweet potatoes, and broccoli, along with other vegetables for your meals. Add fruit to meals as part of main or side dishes or as dessert.

6 switch to fat-free or low-fat (1%) milk

They have the same amount of calcium and other essential nutrients as whole milk, but fewer calories and less saturated fat.

7 make half your grains whole grains

To eat more whole grains, substitute a whole-grain product for a refined product—such as eating whole-wheat bread instead of white bread or brown rice instead of white rice.

8 foods to eat less often

Cut back on foods high in solid fats, added sugars, and salt. They include cakes, cookies, ice cream, candies, sweetened drinks, pizza, and fatty meats like ribs, sausages, bacon, and hot dogs. Use these foods as occasional treats, not everyday foods.

9 compare sodium in foods

Use the Nutrition Facts label to choose lower sodium versions of foods like soup, bread, and frozen meals. Select canned foods labeled "low sodium," "reduced sodium," or "no salt added."

10 drink water instead of sugary drinks

Cut calories by drinking water or unsweetened beverages. Soda, energy drinks, and sports drinks are a major source of added sugar, and calories, in American diets.

USDA Center for Nutrition Policy and Promotion

Go to www.ChooseMyPlate.gov for more information.

DG TipSheet No. 1
June 2011
USDA is an equal opportunity provider and employer.

10 tips
Nutrition Education Series

liven up your meals with vegetables and fruits

10 tips to improve your meals with vegetables and fruits

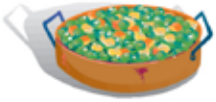
Discover the many benefits of adding vegetables and fruits to your meals. They are low in fat and calories, while providing fiber and other key nutrients. Most Americans should eat more than 3 cups—and for some, up to 6 cups—of vegetables and fruits each day. Vegetables and fruits don't just add nutrition to meals. They can also add color, flavor, and texture. Explore these creative ways to bring healthy foods to your table.

1 fire up the grill

Use the grill to cook vegetables and fruits. Try grilling mushrooms, carrots, peppers, or potatoes on a kabob skewer. Brush with oil to keep them from drying out. Grilled fruits like peaches, pineapple, or mangos add great flavor to a cookout.

2 expand the flavor of your casseroles

Mix vegetables such as sauteed onions, peas, pinto beans, or tomatoes into your favorite dish for that extra flavor.



3 planning something Italian?

Add extra vegetables to your pasta dish. Slip some peppers, spinach, red beans, onions, or cherry tomatoes into your traditional tomato sauce. Vegetables provide texture and low-calorie bulk that satisfies.

4 get creative with your salad

Toss in shredded carrots, strawberries, spinach, watercress, orange segments, or sweet peas for a flavorful, fun salad.

5 salad bars aren't just for salads

Try eating sliced fruit from the salad bar as your dessert when dining out. This will help you avoid any baked desserts that are high in calories.

6 get in on the stir-frying fun

Try something new! Stir-fry your veggies—like broccoli, carrots, sugar snap peas, mushrooms, or green beans—for a quick-and-easy addition to any meal.

7 add them to your sandwiches

Whether it is a sandwich or wrap, vegetables make great additions to both. Try sliced tomatoes, romaine lettuce, or avocado on your everday sandwich or wrap for extra flavor.

8 be creative with your baked goods

Add apples, bananas, blueberries, or pears to your favorite muffin recipe for a treat.

9 make a tasty fruit smoothie

For dessert, blend strawberries, blueberries, or raspberries with frozen bananas and 100% fruit juice for a delicious frozen fruit smoothie.

10 liven up an omelet

Boost the color and flavor of your morning omelet with vegetables. Simply chop, saute, and add them to the egg as it cooks. Try combining different vegetables, such as mushrooms, spinach, onions, or bell peppers.

USDA Center for Nutrition Policy and Promotion

Go to www.ChooseMyPlate.gov for more information.

DG TipSheet No. 10
June 2011
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10 tips
Nutrition Education Series

build a healthy meal

10 tips for healthy meals

A healthy meal starts with more vegetables and fruits and smaller portions of protein and grains. Think about how you can adjust the portions on your plate to get more of what you need without too many calories. And don't forget dairy—make it the beverage with your meal or add fat-free or low-fat dairy products to your plate.

1 make half your plate veggies and fruits

Vegetables and fruits are full of nutrients and may help to promote good health. Choose red, orange, and dark-green vegetables such as tomatoes, sweet potatoes, and broccoli.

2 add lean protein

Choose protein foods, such as lean beef and pork, or chicken, turkey, beans, or tofu. Twice a week, make seafood the protein on your plate.

3 include whole grains

Aim to make at least half your grains whole grains. Look for the words "100% whole grain" or "100% whole wheat" on the food label. Whole grains provide more nutrients, like fiber, than refined grains.

4 don't forget the dairy

Pair your meal with a cup of fat-free of low-fat milk. They provide the same amount of calcium and other essential nutrients as whole milk, but less fat and calories. Don't drink milk? Try soymilk (soy beverage) as your beverage or include fat-free or low-fat yogurt in your meal.

5 avoid extra fat

Using heavy gravies or sauces will add fat and calories to otherwise healthy choices. For example, steamed broccoli is great, but avoid topping it with cheese sauce. Try other options, like a sprinkling of low-fat parmesan cheese or a squeeze of lemon.

6 take your time

Savor your food. Eat slowly, enjoy the taste and textures, and pay attention to how you feel. Be mindful. Eating very quickly may cause you to eat too much.

7 use a smaller plate

Use a smaller plate at meals to help with portion control. That way you can finish your entire plate and feel satisfied without overeating.

8 take control of your food

Eat at home more often so you know exactly what you are eating. If you eat out, check and compare the nutrition information. Choose healthier options such as baked instead of fried.

9 try new foods

Keep it interesting by picking out new foods you've never tried before, like mango, lentils, or kale. You may find a new favorite! Trade fun and tasty recipes with friends or find them online.

10 satisfy your sweet tooth in a healthy way

Indulge in a naturally sweet dessert dish—fruit! Serve a fresh fruit cocktail or a fruit parfait made with yogurt. For a hot dessert, bake apples and top with cinnamon.

USDA Center for Nutrition Policy and Promotion

Go to www.ChooseMyPlate.gov for more information.

DG TipSheet No. 7
June 2011
USDA is an equal opportunity provider and employer.

10 tips
Nutrition Education Series

healthy eating for vegetarians

10 tips for vegetarians

A vegetarian eating pattern can be a healthy option. The key is to consume a variety of foods and the right amount of foods to meet your calorie and nutrient needs.

1 think about protein

Your protein needs can easily be met by eating a variety of plant foods. Sources of protein for vegetarians include beans and peas, nuts, and soy products (such as tofu, tempeh). Lacto-ovo vegetarians also get protein from eggs and dairy foods.

2 bone up on sources of calcium

Calcium is used for building bones and teeth. Some vegetarians consume dairy products, which are excellent sources of calcium. Other sources of calcium for vegetarians include calcium-fortified soymilk (soy beverage), tofu made with calcium sulfate, calcium-fortified breakfast cereals and orange juice, and some dark-green leafy vegetables (collard, turnip, and mustard greens; and bok choy).

3 make simple changes

Many popular main dishes are or can be vegetarian—such as pasta primavera, pasta with marinara or pesto sauce, veggie pizza, vegetable lasagna, tofu-vegetable stir-fry, and bean burritos.

4 enjoy a cookout

For barbecues, try veggie or soy burgers, soy hot dogs, marinated tofu or tempeh, and fruit kabobs. Grilled veggies are great, too!

5 include beans and peas

Because of their high nutrient content, consuming beans and peas is recommended for everyone, vegetarians and non-vegetarians alike. Enjoy some vegetarian chili, three bean salad, or split pea soup. Make a hummus-filled pita sandwich.

6 try different veggie versions

A variety of vegetarian products look—and may taste—like their non-vegetarian counterparts but are usually lower in saturated fat and contain no cholesterol. For breakfast, try soy-based sausage patties or links. For dinner, rather than hamburgers, try bean burgers or falafel (chickpea patties).

7 make some small changes at restaurants

Most restaurants can make vegetarian modifications to menu items by substituting meatless sauces or non-meat items, such as tofu and beans for meat, and adding vegetables or pasta in place of meat. Ask about available vegetarian options.

8 nuts make great snacks

Choose unsalted nuts as a snack and use them in salads or main dishes. Add almonds, walnuts, or pecans instead of cheese or meat to a green salad.

9 get your vitamin B_{12}

Vitamin B_{12} is naturally found only in animal products. Vegetarians should choose fortified foods such as cereals or soy products, or take a vitamin B_{12} supplement if they do not consume any animal products. Check the Nutrition Facts label for vitamin B_{12} in fortified products.

10 find a vegetarian pattern for you

Go to www.dietaryguidelines.gov and check appendices 8 and 9 of the *Dietary Guidelines for Americans, 2010* for vegetarian adaptations of the USDA food patterns at 12 calorie levels.

USDA Center for Nutrition Policy and Promotion

Go to www.ChooseMyPlate.gov for more information.

DG TipSheet No. 8
June 2011
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10 tips
Nutrition Education Series

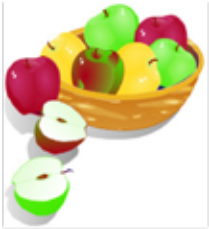
focus on fruits

10 tips to help you eat more fruits

Eating fruit provides health benefits. People who eat more vegetables and fruits as part of an overall healthy diet are likely to have a reduced risk of some chronic diseases. Fruits provide nutrients vital for health, such as potassium, dietary fiber, vitamin C, and folate (folic acid). Most fruits are naturally low in fat, sodium, and calories. None have cholesterol. Any fruit or 100% fruit juice counts as a part of the Fruit Group. Fruits may be fresh, canned, frozen, or dried, and may be whole, cut-up, or pureed.

1 keep visible reminders

Keep a bowl of whole fruit on the table, counter, or in the refrigerator.



2 think about taste

Buy fresh fruits in season when they may be less expensive and at their peak flavor. Add fruits to sweeten a recipe.

3 think about variety

Buy fruits that are dried, frozen, and canned (in water or 100% juice) as well as fresh, so that you always have a supply on hand.

4 don't forget the fiber

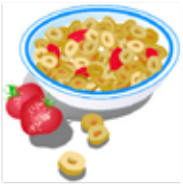
Make most of your choices whole or cut-up fruit, rather than juice, for the benefits that dietary fiber provides.

5 be a good role model

Set a good example for children by eating fruit every day with meals or as snacks.

6 include fruit at breakfast

At breakfast, top your cereal with bananas, peaches, or strawberries; add blueberries to pancakes; drink 100% orange or grapefruit juice. Or, try a fruit mixed with fat-free or low-fat yogurt.



7 try fruit at lunch

At lunch, pack a tangerine, banana, or grapes to eat, or choose fruits from a salad bar. Individual containers of fruits like peaches or applesauce are easy and convenient.

8 experiment with fruit at dinner, too

At dinner, add crushed pineapple to coleslaw, or include orange sections, dried cranberries, or grapes in a tossed salad.

9 snack on fruits

Dried fruits make great snacks. They are easy to carry and store well.

10 keep fruits safe

Rinse fruits before preparing or eating them. Under clean, running water, rub fruits briskly to remove dirt and surface microorganisms. After rinsing, dry with a clean towel.

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DG TipSheet No. 3
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10 tips
Nutrition Education Series

make half your grains whole

10 tips to help you eat whole grains

Any food made from wheat, rice, oats, cornmeal, barley, or another cereal grain is a grain product. Bread, pasta, oatmeal, breakfast cereals, tortillas, and grits are examples. Grains are divided into two subgroups, **whole grains** and **refined grains**. Whole grains contain the entire grain kernel—the bran, germ, and endosperm. People who eat whole grains as part of a healthy diet have a reduced risk of some chronic diseases.

1 make simple switches

To make half your grains whole grains, substitute a whole-grain product for a refined-grain product. For example, eat 100% whole-wheat bread or bagels instead of white bread or bagels, or brown rice instead of white rice.

2 whole grains can be healthy snacks

Popcorn, a whole grain, can be a healthy snack. Make it with little or no added salt or butter. Also, try 100% whole-wheat or rye crackers.

3 save some time

Cook extra bulgur or barley when you have time. Freeze half to heat and serve later as a quick side dish.

4 mix it up with whole grains

Use whole grains in mixed dishes, such as barley in vegetable soups or stews and bulgur wheat in casseroles or stir-fries. Try a quinoa salad or pilaf.

5 try whole-wheat versions

For a change, try brown rice or whole-wheat pasta. Try brown rice stuffing in baked green peppers or tomatoes, and whole-wheat macaroni in macaroni and cheese.

6 bake up some whole-grain goodness

Experiment by substituting buckwheat, millet, or oat flour for up to half of the flour in pancake, waffle, muffin, or other flour-based recipes. They may need a bit more leavening in order to rise.

7 be a good role model for children

Set a good example for children by serving and eating whole grains every day with meals or as snacks.

8 check the label for fiber

Use the Nutrition Facts label to check the fiber content of whole-grain foods. Good sources of fiber contain 10% to 19% of the Daily Value; excellent sources contain 20% or more.

9 know what to look for on the ingredients list

Read the ingredients list and choose products that name a whole-grain ingredient ***first*** on the list. Look for "whole wheat," "brown rice," "bulgur," "buckwheat," "oatmeal," "whole-grain cornmeal," "whole oats," "whole rye," or "wild rice."

10 be a smart shopper

The color of a food is not an indication that it is a whole-grain food. Foods labeled as "multi-grain," "stone-ground," "100% wheat," "cracked wheat," "seven-grain," or "bran" are usually not 100% whole-grain products, and may not contain **any** whole grain.

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DG TipSheet No. 4
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10 tips
Nutrition Education Series

got your dairy today?

10 tips to help you eat and drink more fat-free or low-fat dairy foods

The Dairy Group includes milk, yogurt, cheese, and fortified soymilk. They provide calcium, vitamin D, potassium, protein, and other nutrients needed for good health throughout life. Choices should be low-fat or fat-free—to cut calories and saturated fat. How much is needed? Older children, teens, and adults need 3 cups* a day, while children 4 to 8 years old need 2½ cups, and children 2 to 3 years old need 2 cups.

1 "skim" the fat

Drink fat-free (skim) or low-fat (1%) milk. If you currently drink whole milk, gradually switch to lower fat versions. This change cuts calories but doesn't reduce calcium or other essential nutrients.

2 boost potassium and vitamin D, and cut sodium

Choose fat-free or low-fat milk or yogurt more often than cheese. Milk and yogurt have more potassium and less sodium than most cheeses. Also, almost all milk and many yogurts are fortified with vitamin D.

3 top off your meals

Use fat-free or low-fat milk on cereal and oatmeal. Top fruit salads and baked potatoes with low-fat yogurt instead of higher fat toppings such as sour cream.

4 choose cheeses with less fat

Many cheeses are high in saturated fat. Look for "reduced-fat" or "low-fat" on the label. Try different brands or types to find the one that you like.

5 what about cream cheese?

Regular cream cheese, cream, and butter ***are not*** part of the dairy food group. They are high in saturated fat and have little or no calcium.

* What counts as a cup in the Dairy Group? 1 cup of milk or yogurt, 1½ ounces of natural cheese, or 2 ounces of processed cheese.

6 ingredient switches

When recipes such as dips call for sour cream, substitute plain yogurt. Use fat-free evaporated milk instead of cream, and try ricotta cheese as a substitute for cream cheese.

7 choose sweet dairy foods with care

Flavored milks, fruit yogurts, frozen yogurt, and puddings can contain a lot of added sugars. These added sugars are empty calories. You need the nutrients in dairy foods—not these empty calories.

8 caffeinating?

If so, get your calcium along with your morning caffeine boost. Make or order coffee, a latte, or cappuccino with fat-free or low-fat milk.

9 can't drink milk?

If you are lactose intolerant, try lactose-free milk, drink smaller amounts of milk at a time, or try soymilk (soy beverage). Check the Nutrition Facts label to be sure your soymilk has about 300 mg of calcium. Calcium in some leafy greens is well absorbed, but eating several cups each day to meet calcium needs may be unrealistic.

10 take care of yourself and your family

Parents who drink milk and eat dairy foods show their kids that it is important. Dairy foods are especially important to build the growing bones of kids and teens. Routinely include low-fat or fat-free dairy foods with meals and snacks—for everyone's benefit.

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Go to www.ChooseMyPlate.gov for more information.

DG TipSheet No. 5
June 2011
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10 tips
Nutrition Education Series

with protein foods, variety is key

10 tips for choosing protein

Protein foods include both animal (meat, poultry, seafood, and eggs) and plant (beans, peas, soy products, nuts, and seeds) sources. We all need protein—but most Americans eat enough, and some eat more than they need. How much is enough? Most people, ages 9 and older, should eat 5 to 7 ounces* of protein foods each day.

1 vary your protein food choices

Eat a variety of foods from the Protein Foods Group each week. Experiment with main dishes made with beans or peas, nuts, soy, and seafood.

2 choose seafood twice a week

Eat seafood in place of meat or poultry twice a week. Select a variety of seafood—include some that are higher in oils and low in mercury, such as salmon, trout, and herring.

3 make meat and poultry lean or low fat

Choose lean or low-fat cuts of meat like round or sirloin and ground beef that is at least 90% lean. Trim or drain fat from meat and remove poultry skin.

4 have an egg

One egg a day, on average, doesn't increase risk for heart disease, so make eggs part of your weekly choices. Only the egg yolk contains cholesterol and saturated fat, so have as many egg whites as you want.

5 eat plant protein foods more often

Try beans and peas (kidney, pinto, black, or white beans; split peas; chickpeas; hummus), soy products (tofu, tempeh, veggie burgers), nuts, and seeds. They are naturally low in saturated fat and high in fiber.

6 nuts and seeds

Choose unsalted nuts or seeds as a snack, on salads, or in main dishes to replace meat or poultry. Nuts and seeds are a concentrated source of calories, so eat small portions to keep calories in check.

7 keep it tasty and healthy

Try grilling, broiling, roasting, or baking—they don't add extra fat. Some lean meats need slow, moist cooking to be tender—try a slow cooker for them. Avoid breading meat or poultry, which adds calories.

8 make a healthy sandwich

Choose turkey, roast beef, canned tuna or salmon, or peanut butter for sandwiches. Many deli meats, such as regular bologna or salami, are high in fat and sodium—make them occasional treats only.

9 think small when it comes to meat portions

Get the flavor you crave but in a smaller portion. Make or order a smaller burger or a "petite" size steak.

10 check the sodium

Check the Nutrition Facts label to limit sodium. Salt is added to many canned foods—including beans and meats. Many processed meats—such as ham, sausage, and hot dogs—are high in sodium. Some fresh chicken, turkey, and pork are brined in a salt solution for flavor and tenderness.

* What counts as an ounce of protein foods? 1 ounce lean meat, poultry, or seafood; 1 egg; ¼ cup cooked beans or peas; ½ ounce nuts or seeds; or 1 tablespoon peanut butter.

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Go to www.ChooseMyPlate.gov for more information.

DG TipSheet No. 6
June 2011
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10 tips
Nutrition Education Series

add more vegetables to your day

10 tips to help you eat more vegetables

It's easy to eat more vegetables! Eating vegetables is important because they provide vitamins and minerals and most are low in calories. To fit more vegetables in your meals, follow these simple tips. It is easier than you may think.

1 discover fast ways to cook

Cook fresh or frozen vegetables in the microwave for a quick-and-easy dish to add to any meal. Steam green beans, carrots, or broccoli in a bowl with a small amount of water in the microwave for a quick side dish.

2 be ahead of the game

Cut up a batch of bell peppers, carrots, or broccoli. Pre-package them to use when time is limited. You can enjoy them on a salad, with hummus, or in a veggie wrap.

3 choose vegetables rich in color

Brighten your plate with vegetables that are red, orange, or dark green. They are full of vitamins and minerals. Try acorn squash, cherry tomatoes, sweet potatoes, or collard greens. They not only taste great but also are good for you, too.

4 check the freezer aisle

Frozen vegetables are quick and easy to use and are just as nutritious as fresh veggies. Try adding frozen corn, peas, green beans, spinach, or sugar snap peas to some of your favorite dishes or eat as a side dish.

5 stock up on veggies

Canned vegetables are a great addition to any meal, so keep on hand canned tomatoes, kidney beans, garbanzo beans, mushrooms, and beets. Select those labeled as "reduced sodium," "low sodium," or "no salt added."

6 make your garden salad glow with color

Brighten your salad by using colorful vegetables such as black beans, sliced red bell peppers, shredded radishes, chopped red cabbage, or watercress. Your salad will not only look good but taste good, too.

7 sip on some vegetable soup

Heat it and eat it. Try tomato, butternut squash, or garden vegetable soup. Look for reduced- or low-sodium soups.

8 while you're out

If dinner is away from home, no need to worry. When ordering, ask for an extra side of vegetables or side salad instead of the typical fried side dish.

9 savor the flavor of seasonal vegetables

Buy vegetables that are in season for maximum flavor at a lower cost. Check your local supermarket specials for the best-in-season buys. Or visit your local farmer's market.

10 try something new

You never know what you may like. Choose a new vegetable—add it to your recipe or look up how to fix it online.

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Go to www.ChooseMyPlate.gov for more information.

DG TipSheet No. 2
June 2011
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10 tips
Nutrition Education Series

salt and sodium

10 tips to help you cut back

It's clear that Americans have a taste for salt, but salt plays a role in high blood pressure. Everyone, including kids, should reduce their sodium intake to less than 2,300 milligrams of sodium a day (about 1 teaspoon of salt). Adults age 51 and older, African Americans of any age, and individuals with high blood pressure, diabetes, or chronic kidney disease should further reduce their sodium intake to 1,500 mg a day.

1 think fresh

Most of the sodium Americans eat is found in processed foods. Eat highly processed foods less often and in smaller portions—especially cheesy foods, such as pizza; cured meats, such as bacon, sausage, hot dogs, and deli/luncheon meats; and ready-to-eat foods, like canned chili, ravioli, and soups. Fresh foods are generally lower in sodium.

2 enjoy home-prepared foods

Cook more often at home—where you are in control of what's in your food. Preparing your own foods allows you to limit the amount of salt in them.

3 fill up on veggies and fruits—they are naturally low in sodium

Eat plenty of vegetables and fruits—fresh or frozen. Eat a vegetable or fruit at every meal.

4 choose dairy and protein foods that are lower in sodium

Choose more fat-free or low-fat milk and yogurt in place of cheese, which is higher in sodium. Choose fresh beef, pork, poultry, and seafood, rather than those with salt added. Deli or luncheon meats, sausages, and canned products like corned beef are higher in sodium. Choose unsalted nuts and seeds.

5 adjust your taste buds

Cut back on salt little by little—and pay attention to the natural tastes of various foods. Your taste for salt will lessen over time.

6 skip the salt

Skip adding salt when cooking. Keep salt off the kitchen counter *and* the dinner table. Use spices, herbs, garlic, vinegar, or lemon juice to season foods or use no-salt seasoning mixes. Try black or red pepper, basil, curry, ginger, or rosemary.

7 read the label

Read the Nutrition Facts label and the ingredients statement to find packaged and canned foods lower in sodium. Look for foods labeled "low sodium," "reduced sodium," or "no salt added."

8 ask for low-sodium foods when you eat out

Restaurants may prepare lower sodium foods at your request and will serve sauces and salad dressings on the side so you can use less.

9 pay attention to condiments

Foods like soy sauce, ketchup, pickles, olives, salad dressings, and seasoning packets are high in sodium. Choose low-sodium soy sauce and ketchup. Have a carrot or celery stick instead of olives or pickles. Use only a sprinkling of flavoring packets instead of the entire packet.

10 boost your potassium intake

Choose foods with potassium, which may help to lower your blood pressure. Potassium is found in vegetables and fruits, such as potatoes, beet greens, tomato juice and sauce, sweet potatoes, beans (white, lima, kidney), and bananas. Other sources of potassium include yogurt, clams, halibut, orange juice, and milk.

USDA Center for Nutrition Policy and Promotion

Go to www.ChooseMyPlate.gov for more information.

DG TipSheet No. 14
June 2011
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DAILY DASH DIARY

DASH* FACTS

*DIETARY APPROACHES TO STOP HYPERTENSION

Hypertension, or high blood pressure, is a major risk factor for heart disease and stroke. You could be at risk for high blood pressure if you have excess body weight, drink too much alcohol, and/or have a sedentary lifestyle. Work with your physician and dietitian to manage these risk factors and find a plan that is right for you. DASH concepts may be a part of that plan.

The DASH eating plan is a low-fat eating plan rich in calcium, potassium and magnesium and includes two to three servings of dairy foods and eight to ten servings of fruits and vegetables each day.

DASH eating plan

*servings based on a 2,000 calorie diet

2-3 servings of dairy foods* per day (One serving of dairy is 8 oz. milk, 8 oz. yogurt or 1 ½ oz. cheese)

8-10 servings of fruits and vegetables every day (One serving of vegetables is 1 cup raw leafy vegetables, ½ cup cooked vegetable, or ½ cup vegetable juice) (One serving of fruit is ½ cup fruit juice, 1 medium fruit, ¼ cup dried fruit, ½ cup fresh, frozen or canned fruit)

TIPS FOR SUCCESS:

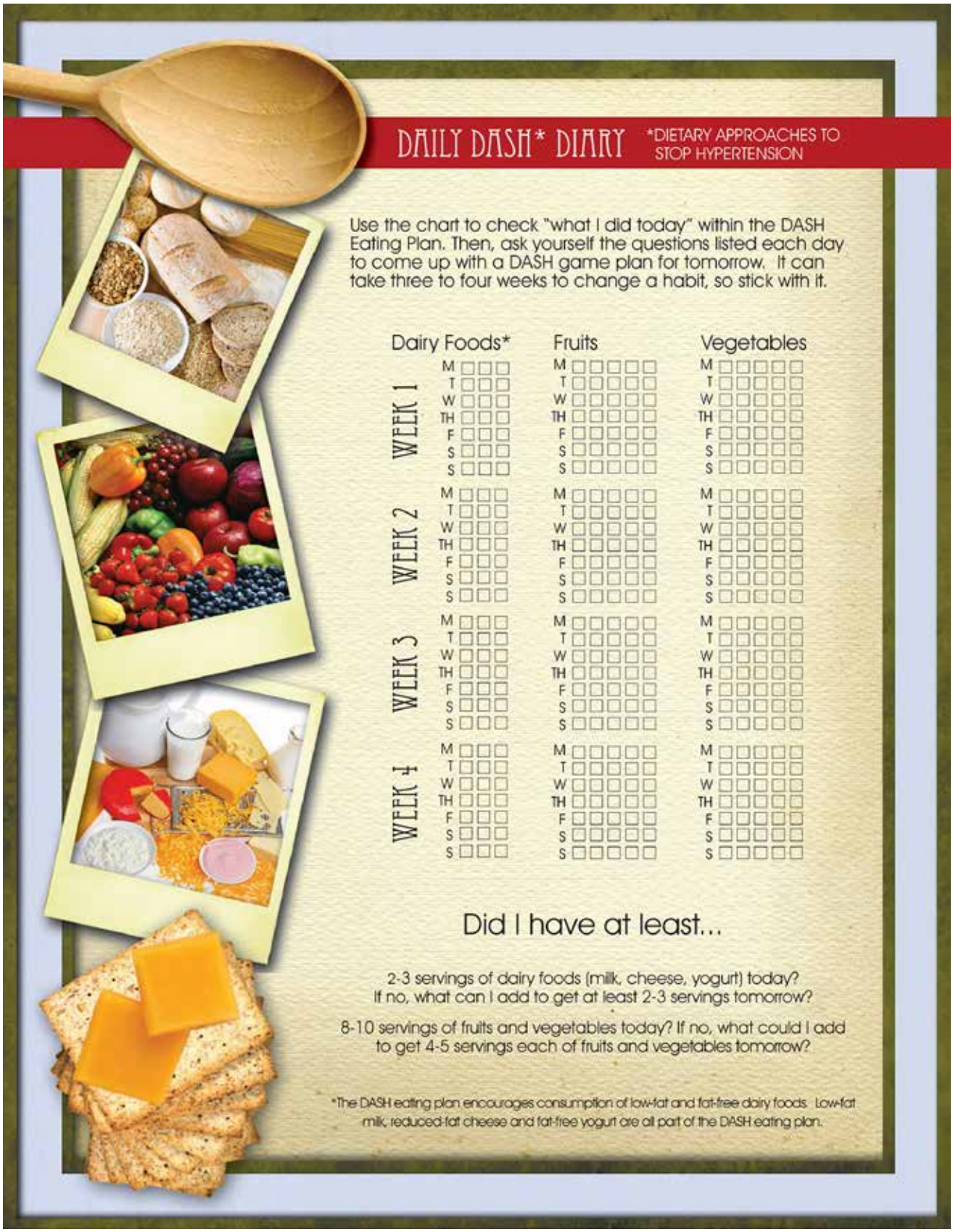
- Start with a DASH breakfast to get a jump start on your day. Pick a a dairy food*, a piece of fruit and a whole grain item.
- Choose "combination foods" like fat-free yogurt mixed with fruit and topped with granola.
- Re-think your drink – make low-fat milk your beverage of choice.
- For those with lactose intolerance try yogurt or hard cheeses such as Cheddar or Swiss, or drink lactose-reduced or lactose-free milk.

Government guidelines for physicians now include the DASH eating plan as one of the lifestyle modifications they should recommend to their patients to prevent and control blood pressure. Doing what you can to modify your lifestyle will help improve your blood pressure control. Let your doctor know you are trying the DASH eating plan as they monitor your progress.

Research shows that lowering the sodium level in the DASH eating plan can enhance its ability to lower blood pressure even more. Other studies have shown that the DASH eating plan can also reduce LDL ("bad") cholesterol, further decreasing heart disease risk. The DASH eating plan was also shown to benefit bone health.

Let USDA's MyPyramid be your guide www.mypyramid.gov
For DASH recipes and example calorie level menus, visit http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/new_dash.pdf
For more tips, go to www.nationaldairycouncil.org
For more detailed information about the DASH meal plans visit www.nhlbi.nih.gov

*The DASH eating plan encourages consumption of low-fat and fat-free dairy foods. Low-fat milk, reduced-fat cheese and fat-free yogurt are all part of the DASH eating plan.



DAILY DASH* DIARY

*DIETARY APPROACHES TO STOP HYPERTENSION

Use the chart to check "what I did today" within the DASH Eating Plan. Then, ask yourself the questions listed each day to come up with a DASH game plan for tomorrow. It can take three to four weeks to change a habit, so stick with it.

		Dairy Foods*	Fruits	Vegetables
WEEK 1	M	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	T	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	W	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	TH	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	F	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	S	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	S	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
WEEK 2	M	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	T	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	W	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	TH	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	F	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	S	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	S	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
WEEK 3	M	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	T	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	W	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	TH	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
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	S	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	S	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
WEEK 4	M	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	T	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	W	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	TH	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
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	S	☐☐☐	☐☐☐☐☐	☐☐☐☐☐
	S	☐☐☐	☐☐☐☐☐	☐☐☐☐☐

Did I have at least...

2-3 servings of dairy foods (milk, cheese, yogurt) today?
If no, what can I add to get at least 2-3 servings tomorrow?

8-10 servings of fruits and vegetables today? If no, what could I add to get 4-5 servings each of fruits and vegetables tomorrow?

*The DASH eating plan encourages consumption of low-fat and fat-free dairy foods. Low-fat milk, reduced-fat cheese and fat-free yogurt are all part of the DASH eating plan.

AGENCY CONTACT RECORD

Name of Agency:

Address:

Operated by:

Contact is best made by: ☐ **Telephone** ☐ **Letter** ☐ **Personal Contact**

Telephone:

Contact Person:

Services Offered:

Are there any fees? ☐ **Yes** ☐ **No Explain:**
How are fees paid?

Eligibility Requirements:
Age:
Income:
Assets:
Ability or Disability:
Diagnosis:
Other:

Procedure to follow:

Comments:

DETERMINE YOUR NUTRITIONAL HEALTH

The Warning Signs of poor nutritional health are often overlooked. Use this Checklist to find out if you or someone you know is at nutritional risk.

Read the statements below. Circle the number in the "yes" column for those that apply to you or someone you know. For each "yes" answer, score the number in the box. Total your nutritional score.

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	**2**
I eat fewer than 2 meals per day.	**3**
I eat few fruits or vegetables or milk products.	**2**
I have 3 or more drinks of beer, liquor or wine almost every day.	**2**
I have tooth or mouth problems that make it hard for me to eat.	**2**
I don't always have enough money to buy the food I need.	**4**
I eat alone most of the time.	**1**
I take 3 or more different prescribed or over-the-counter drugs a day.	**1**
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	**2**
I am not always physically able to shop, cook and/or feed myself.	**2**
TOTAL	

Total Your Nutritional Score. If it's –

0-2 **Good!** Recheck your nutritional score in 6 months.

3-5 **You are at moderate nutritional risk.** See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.

6 or more **You are at high nutritional risk.** Bring this Checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that Warning Signs suggest risk, but do not represent a diagnosis of any condition. Turn the page to learn more about the Warnings Signs of poor nutritional health.

These materials are developed and distributed by the Nutrition Screening Initiative, a project of:

AMERICAN ACADEMY OF FAMILY PHYSICIANS

THE AMERICAN DIETETIC ASSOCIATION

THE NATIONAL COUNCIL ON THE AGING, INC.

The Nutrition Screening Initiative • 1010 Wisconsin Avenue, NW • Suite 800 • Washington, DC 20007

The Nutrition Screening Initiative is funded in part by a grant from Ross Products Division of Abbott Laboratories, Inc.

The Nutrition Checklist is based on the Warning Signs described below. Use the word DETERMINE to remind you of the Warning Signs.

DISEASE

Any disease, illness or chronic condition which causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

EATING POORLY

Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health. One in five adults skip meals daily. Only 13% of adults eat the minimum amount of fruit and vegetables needed. One in four older adults drink too much alcohol. Many health problems become worse if you drink more than one or two alcoholic beverages per day.

TOOTH LOSS/MOUTH PAIN

A healthy mouth, teeth and gums are needed to eat. Missing, loose or rotten teeth or dentures which don't fit well, or cause mouth sores, make it hard to eat.

ECONOMIC HARDSHIP

As many as 40% of older Americans have incomes of less than $6,000 per year. Having less – or choosing to spend less -- than $25-30 per week for food makes it very hard to get the foods you need to stay healthy.

REDUCED SOCIAL CONTACT

One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.

MULTIPLE MEDICINES

Many older Americans must take medicines for health problems. Almost half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others. Vitamins or minerals, when taken in large doses, act like drugs and can cause harm. Alert your doctor to everything you take.

INVOLUNTARY WEIGHT LOSS/GAIN

Losing or gaining a lot of weight when you are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

NEEDS ASSISTANCE IN SELF CARE

Although most older people are able to eat, one of every five have trouble walking, shopping, buying and cooking food, especially as they get older.

ELDER YEARS ABOVE AGE 80

Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.

The Nutrition Screening Initiative • 1010 Wisconsin Avenue, NW • Suite 800 • Washington, DC 20007

MENU PLANNING TEMPLATE

FOOD GROUP	Day 1	Day 2	Day 3	Day 4	Day 5
Meat and/or Beans (1.7-1.8 oz equivalents)					
Grain (1.7-2 oz. equivalents)					
Vegetable (1.5-2 servings)					
Fruit (1-1.3 serving)					
Milk (1 cup)					

HOME DELIVERED MEAL TEMPERATURE RECORD

Date _____

Day:	1st Meal Packed Temperature	Last Meal Delivered Temperature	Other Temperatures Taken/Comments
____ Monday			
____ Tuesday			
____ Wednesday			
____ Thursday			
____ Friday			
____ Monday			
____ Tuesday			
____ Wednesday			
____ Thursday			
____ Friday			
____ Monday			
____ Tuesday			
____ Wednesday			
____ Thursday			
____ Friday			
____ Monday			
____ Tuesday			
____ Wednesday			
____ Thursday			
____ Friday			
____ Monday			
____ Tuesday			
____ Wednesday			
____ Thursday			
____ Friday			

Comments:

REFRIGERATOR/FREEZER TEMPERATURE RECORDS

Date _____

Refrigerator/ Freezer:	_____ #2	_____ #3	_____ #4
Day:	am / pm	am / pm	am / pm
____ Monday			
____ Tuesday			
____ Wednesday			
____ Thursday			
____ Friday			
____ Monday			
____ Tuesday			
____ Wednesday			
____ Thursday			
____ Friday			
____ Monday			
____ Tuesday			
____ Wednesday			
____ Thursday			
____ Friday			
____ Monday			
____ Tuesday			
____ Wednesday			
____ Thursday			
____ Friday			
____ Monday			
____ Tuesday			
____ Wednesday			
____ Thursday			
____ Friday			

Comments:

APPENDIX E:

TITLE VI SUPPORTIVE SERVICES

Agency Record

Case Plan

AGENCY CONTACT RECORD

Name of Agency:

Address:

Operated by:

Contact is best made by: ☐ **Telephone** ☐ **Letter** ☐ **Personal Contact**

Telephone:

Contact Person:

Services Offered:

Are there any fees? ☐ **Yes** ☐ **No Explain:**
How are fees paid?

Eligibility Requirements:
Age:
Income:
Assets:
Ability or Disability:
Diagnosis:
Other:

Procedure to follow:

Comments:

CASE PLAN

Date:	Last Name:	First Name:
DOB:	Address:	Mailing Address:
Telephone		
Caregiver:	Address:	Relationship:
		Telephone:

Problems Identified:

1.

2.

3.

4.

Goals:

1.

2.

3.

4.

Action Steps:

1.

2.

3.

4.

Referrals For Services:	Date	Follow up?
1.		Yes☐ No☐
2.		Yes☐ No☐
3.		Yes☐ No☐
4.		Yes☐ No☐
5.		Yes☐ No☐

6.		Yes☐ No☐
7.		Yes☐ No☐
8.		Yes☐ No☐
9.		Yes☐ No☐

Notes:

Revisit: ☐ One Month ☐ 6 Months ☐ Other:

I sign below to show that I helped develop this plan; understand, and agree with it.

Client Name Date

I sign below to show that I helped develop this plan; understand, and agree with it.

Caregiver Name Date

I sign below to show that I helped develop this plan; understand, and agree with it.

Case Worker Name Date

APPENDIX F:

NATIVE AMERICAN CAREGIVER SUPPORT PROGRAM

Caregiver Stress Test

Instructions for Substitute Caregivers

CAREGIVER STRESS TEST

(To be completed by the primary caregiver)

Instructions
The following is a list of statements that reflect how people sometimes feel when taking care of another person. There is no right or wrong answer.

		0 Strongly Disagree	1 Disagree	2 Neither Agree nor Disagree	3 Agree	4 Strongly Agree
1.	My relative asks for more help than he/she needs.	❑	❑	❑	❑	❑
2.	Because of the time I spend with my relative, I don't have enough time for myself.	❑	❑	❑	❑	❑
3.	I feel stressed between caring for my relative and trying to meet other responsibilities for my family or work.	❑	❑	❑	❑	❑
4.	I sometimes feel embarrassed by my relative's behavior.	❑	❑	❑	❑	❑
5.	I sometimes feel angry when I'm around my relative.	❑	❑	❑	❑	❑
6.	I feel that my relative negatively affects my relationships with other family members and friends.	❑	❑	❑	❑	❑
7.	I am afraid of what the future holds for my relative.	❑	❑	❑	❑	❑
8.	I feel that my relative is dependent upon me.	❑	❑	❑	❑	❑
9.	I feel strained when I am around my relative.	❑	❑	❑	❑	❑

		0 Strongly Disagree	1 Disagree	2 Neither Agree nor Disagree	3 Agree	4 Strong Agre
10.	I feel my health has suffered because of my involvement with my relative.	❑	❑	❑	❑	❑
11.	I feel that I don't have as much privacy as I would like because of my relative.	❑	❑	❑	❑	❑
12.	I feel that my social life has suffered because I am caring for my relative.	❑	❑	❑	❑	❑
13.	I feel uncomfortable having friends over because of my relative.	❑	❑	❑	❑	❑
14.	I feel that my relative seems to expect me to take care of him/her as if I were the only one he/she could depend on.	❑	❑	❑	❑	❑
15.	I feel that I don't have enough money to care for my relative in addition to the rest of my expenses.	❑	❑	❑	❑	❑
16.	I feel that I will be unable to take care of my relative much longer.	❑	❑	❑	❑	❑
17.	I feel that I have lost control of my life since my relative's illness.	❑	❑	❑	❑	❑
18.	I wish I could just leave the care of my relative to someone else.	❑	❑	❑	❑	❑
19.	I feel uncertain about what to do about my relative.	❑	❑	❑	❑	❑
20.	I feel I should be doing more for my relative.	❑	❑	❑	❑	❑
21.	I feel I could do a better job in caring for my relative.	❑	❑	❑	❑	❑
22.	I feel burdened caring for my relative.	❑	❑	❑	❑	❑

INSTRUCTIONS FOR SUBSTITUTE CAREGIVERS

Vital Information

My Loved One's name	
Prefers being called	
Phone	
Primary Caregiver's name	
Address	
Phone	
Medication and special instructions	
Person filling out form	

Emergency Phone Numbers

Contact name		
Home Phone		Work Phone
Alternate contact name		
Home Phone		Work Phone
Primary Doctor		
Hospital		
Pharmacy		
Call 911 in the Event of a Life Threatening Emergency		

Daily Routine

Rising time	
Morning routine	
Naps	
Pre-bedtime routine	
Bedtime	
Time of day preferred for bathing	
Bath time procedures	

Preferences

Clothing preferred	
Prefers eating alone or with others	
List meaningful activities	
Favorite foods and beverages	
Foods allergies or dislikes	
Phobias or fears	
Calming activities	

History

Family members my loved one talks about	
Important friends	
My loved one has lived… (birthplace through retirement)	
Work/volunteer experiences	
Religious/spiritual beliefs	
Family pets/animals	
Songs	
Reading materials	
TV shows/movies	
Radio station/music	
Other hobbies/interests	

Important notes: Use a sticky note here to describe any recent changes in personal or medical condition, changes in routine, special notes related to your loved one.	**"I will be at…"** Use a sticky note here to list where you will be, how you can be contacted, and when you expect to return.