|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant Name: | | | | Date: |
| Site Name: | | | |  |
| Address: | | | |  |
| Site Contact Name\*:  \*Volunteer: Y N  Site Contact email: |  | | | |
|  | | | |
| Site phone info #: |  | | Serving Hours of Meal Service: | to |
| Service Days per week: | |  | | |

Service Days per weekend

|  |
| --- |
| **PROGRAM INCOME** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Donation Request:** | Age 60+ | Guests Under Age 60 | |
|  | $ | $ | |
| Food Service Staff: | Volunteer Under Age 60: | | Other: |
| $ | $ | | $ |

|  |
| --- |
| **SITE DESCRIPTION** |

**Type of Congregate Site** *(Check One)*

a. Focal Point  f. School

b. High concentration of elderly in poverty  g. Public or low-income housing

c. High concentration of minority elderly  h. Restaurant

d. Multi-purpose senior center  i. Adult Day Center

e. Religious facility  j. Other (township hall, club, etc.)

|  |
| --- |
|  |
| **Barrier Free:**  Yes  No If no, indicate reason |
|  |

|  |  |
| --- | --- |
|  | |
| **Average Number of Meals Served Daily** :      **Average Number Weekly** | |
| Congregate Meals:      1 Meal      2Meals       3Meals | |
| Home Delivered Meals:      1 Meal      2Meals       3Meals | |
| Liquid Meals:      1 Meal      2Meals       3Meals  Other Meals (*please list :* | |
| Central Kitchen  Satellite Kitchen | Yes 2nd Meals taken off site        No 2nd Meals offered for off site |
| **Average Number of Individuals** *(unduplicated)* Served Weekly :       Total | |
|  | |
|  | |