



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Meal Frequency Waiver Form

Meal Site Name:

Physical Address:

City:

Zip Code:

Contact Person:

Phone Number:

What days does the meal site plan to offer congregate meals?

Monday

Tuesday

Wednesday

Thursday

Friday

What days does the meal site plan to offer home-delivered meals?

Monday

Tuesday

Wednesday

Thursday

Friday

Has the site worked with the AAA to try to solve the opportunity to provide meals five (5) days a week?

Yes

No

Is the Board of Directors in agreement with the plan to offer meals less than five (5) days a week?

Yes

No

Provide more information as to why the meal site cannot serve five congregate/home-delivered meals per week.

For State Use Only

Area Agency on Aging Director

Date

Approved

Not Approved

DPHHS Aging Services Bureau Chief

Date