

Dining Center Closure or Days of Service Change

Please check one: Permanent Closure

Relocation

Temporary Closure Expected length of closure: _____

Due to various reasons (budget cuts, low attendance, etc.), you may be looking to make changes in one or more of your dining centers- whether it is consolidating, closing, adding, reducing, or changing serving days/times. In accordance with the Manual of Policies and Procedures and Technical Assistance for the Wisconsin Aging Network, Section 8.4 Nutrition Program Administration (see below), prior approval must be obtained from the Area Agency.

To help you and your commission in making such decisions, we suggest you use this form as a guide. This form should be completed and submitted to your local Area Agency 60 days prior to the effective date of closure or change in days of service, or when feasible.

Background:

Per the Manual of Policies and Procedures and Technical Assistance for the Wisconsin Aging Network Section 8.4 Nutrition Program Administration:

Section 8.4.1- Senior Dining (Congregate Meals Level of Service).

OAA Sec. 331. PART C. NUTRITION SERVICE. SUBPART 1:

CONGREGATE NUTRITION SERVICES PROGRAM AUTHORIZED:

"The Assistant Secretary shall carry out a program for making grants to States under State plans approved under Section 307 for the establishment and operation of nutrition projects that"

- (1) *5 or more days a week (except in rural area where such frequency is not feasible (as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide;*
- (2) *shall be provided in congregate settings; including adult day care facilities and multigenerational meal sites; and*
- (3) *provide nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal participants.*

- Each nutrition program shall serve meals five (5) or more days per week for congregate-meal and home-delivered-meal service in at least one site. In areas where such frequency is not feasible, a lesser frequency must be approved by the area agency on aging.
- Each nutrition program shall provide hot or other appropriate meals, such as meals that are served when equipment breaks down or weather conditions make the serving of a hot meal inappropriate. Frozen meals may be served when determined appropriate for the individual.
- Meal frequency shall be reviewed annually to determine need for change.

Request for Approval of Closing or Days of Service Change for Dining Centers

Dane Co Area on Aging Unit/ADRC

This form must be submitted to your local Area Agency on Aging 60 days prior to the anticipated date of change/closing.

Please answer the following questions for each congregate/home delivered nutrition program site in operation, which the aging unit anticipates changing through relocation, closing, reduction or increase in serving days.

1. Name of Site: Northwest Dane Senior Services, Inc
2. Community: Black Earth, Cross Plains, Mazomanie, Vermont, Roxbury
3. What is the expected change (i.e. relocation, closing, change in serving days, etc.) Berry
Be specific please. Relocation
4. What is the expected date this change will take place? 4-1-15
5. What are the reasons for the change? (Be specific)
 - NWDSS purchasing new building in Cross Plains
 - Current space is too small to meet increased need
 - _____
6. Did participants at the site participate in the decision? (Be specific) yes
Have been informed of all board meetings, kept informed and included
7. If there is anyone at nutritional risk, are home-delivered meals arranged or some other arrangement to meet their nutritional needs? (Specify please)
Meals: delivery and service will continue
8. With this change, how will the program assist current participants in getting to another site or in meeting their nutritional and social needs?
Continue to use our transportation service
new location in our service area
9. If there is a nutrition advisory council or nutrition committee, did they participate in the decision? (Be specific and attach minutes if available).
No committee

10. Will this change result in decreased accessibility to the meal site by members of targeted population groups?

NO

11. What effect will this change have on current programs/activities being held at the site?

Increased opportunity

12. What efforts are being made to maintain the congregate sites?

Current congregate increasing why there is need for more space

13. What is the cost effect of this change? (+ or -) List items (i.e. rent, salary, volunteer mileage.)

Mortgage vs rent \$781.00 current to \$16.75/month
Utilities, insurance (all to be determined) but will increase

Federal: _____ State: _____ Local: _____ Total

14. Did the Commission formally approve these changes or closing(s)?

(Attach minutes)

SIGNED: _____
(County/Tribal Aging Unit Director)

Date: 1/6/15

TO BE COMPLETED BY THE AREA AGENCY ON AGING

Approved: _____
Disapproved: _____

Comments:

Signed: _____ Date: _____

Title: _____