Title III-C Nutrition Services:  
Congregate and Home Delivered Meals

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<td>Each meal served or delivered to an eligible participant.</td>
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The following definitions and standards are applicable to both Congregate and Home Delivered Meals providers, unless otherwise specified. Standards that are applicable to Congregate programs are labeled 'C1' and standards that are applicable to Home Delivered Meals programs are labeled 'C2'.

PROGRAM DEFINITIONS

MEALS

Title III-C1  
Congregate Meals

C1
The provision of one hot or other appropriate meal to eligible participants on at least a five-day a week basis, served in congregate settings. Exceptions to the five-day a week program may be granted. Sites must be open to the public and appear welcoming to outside participants.

Title III-C2 Home Delivered Meals

C2
The provision of one hot or other appropriate meal to eligible participants on at least a five-day a week basis and delivered to the participant’s home. Eligibility must be assessed and determined eligible by the Case Coordination Unit (CCU). Meals may be delivered fewer than five days per week, but some daily contact with the client must be offered. Meals must be delivered directly to the participant. Meals must not be left outside the participant’s door or delivered to someone other than the participant.

Meals

C1, C2
The meal must comply with the menu planning standards based on the most recent Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture and meet the minimum requirements of the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. The calculated values of these meals may be averaged over three consecutive days to establish compliance with the DRI.
Home Delivered Meals
C2
If the applicant is approved by AgeOptions, they may provide Special Diets, an extra meal on Friday for weekend consumption/weekend meals, or second meals to clients based on the Care Coordination Unit’s assessment of the client and whether the client is at high nutrition risk (a score of six points or above on the Nutrition Risk Assessment Tool).

Menu Pattern
C1, C2
The meals planned must follow the menu planning standards as outlined in the Menu Standards.

PROGRAM REQUIREMENTS

Eligibility
C1
A nutrition service provider must serve persons:
- Age 60 years and over,
- The 60+ participant’s spouse regardless of age
- Individuals who are disabled and under age 60 if they reside in a housing facility for older adults and persons with disabilities at which congregate nutrition services are provided.
- Individuals with disabilities who reside with a person over 60 in a non-institutional household are eligible for a meal.

If special interest groups, such as faith based organization, social organizations, and homes for the elderly, senior housing developments, etc. are operating a congregate program, participation may not be limited to their own membership or otherwise show preferential treatment for such membership. Providers must demonstrate and verify that their programs are available and accessible to the general public. E.g. If a proposed site is co-located with an Adult Services Center, there should be a separate entrance and area for dining. If a site is proposed in a Senior Housing facility, the program must be open and inviting to any older adult (not just residents).

Guests, volunteers and staff under age 60 may be offered a meal if it does not deprive an older person of a meal. Staff or guests must pay the full cost of the meal, exclusive of in-kind. If a meal is offered
to a staff person, it should be offered as a fringe benefit and be included as employee fringe benefit costs in the budget. Employees are responsible for any tax liability on the value of the fringe benefit. Meals served to staff, volunteers, and/or non-eligible guests under the age of 60 will not be reimbursed by AgeOptions.

C2

A nutrition service provider shall serve persons age 60 years and over, who are assessed by the Care Coordination Unit as being frail and/or homebound for periods of three days or more because of acute or chronic illness, incapacitating illness or are otherwise isolated which leaves them unable to shop, prepare or obtain meals. Other eligibility requirements include at least one of the following:

- Persons unable to participate in the congregate meals program;
- Persons for whom no adult is available or willing to prepare the meals;
- Persons who have special dietary which can be met by the home delivered meal program.
- The person must also agree to cooperate in the delivery procedures of the nutrition program provider.

A spouse of an eligible frail and/or homebound individual may receive a home delivered meal if desired and if (1) Provision of the meal relieves the spouse of undue stress in the daily care of the client, or (2) The spouse has demonstrated an inability to adequately provide meals for both members due to lack of knowledge, equipment, skill, or capacity.

Under the Older American’s Act, individuals with disabilities, regardless of age, who reside at home with older individuals, may receive a home delivered meal.

Disabled individuals [as defined in OAA Section 102(13)] who have not attained 60 years of age but who reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided.

Funded Agencies will provide home delivered meals only after the local Case Coordination Unit (CCU) has determined eligibility for service via an in-home assessment. The CCU may authorize meal service prior to an in-home assessment if there are extenuating circumstances, such as recent hospital discharge. The meal provider and the CCU must work together with to ensure that an in-home assessment will take place in a timely fashion for all clients.
For more detail, see AgeOptions Home Delivered Meal Guidelines in the attachments.

The CCU and nutrition service provider must follow AgeOptions “Home Delivered Meal Assessment Guidelines,” available under separate cover.

C1, C2 Persons under age 60 who provide volunteer services during meal hours may be offered a meal on the same basis as elderly participants.

Waiting List Report
C1, C2 Prior to starting a waiting list, the provider should contact AgeOptions. After the waiting list starts, the provider must submit monthly updates to AgeOptions which include the number of people waiting for service and the reason that a wait exists (e.g. driver shortages, kitchen capacity). This information should be submitted with the monthly reimbursement request.

Private Pay Meals
C2 If providers have a waiting list due to cash flow, they may establish a private pay meal program. Clients should be charged the full cost of the meal not including inkind costs. Once the waiting list is cleared, private pay clients should be offered a meal paid by AgeOptions funding if they are eligible.

Target Population
C1, C2 Nutrition service providers must identify and document methods to assure that priority is given and projections are met to reach older persons with the greatest social and economic need, particularly ethnic, minority and limited English speaking senior populations.

Community Input
C1, C2 Nutrition service providers must develop and document methods to elicit community input to help support the mission of the program. This input can be in the form of views, services, or volunteers.

Community input may consist of: offering participants in the program opportunities to provide input, soliciting input from non-participants who are 60 and over at community and site events, inviting community representatives to Site Advisory Council meetings, soliciting volunteers, services and monetary support from local businesses and community groups, and initiating joint
ventures between community/business groups and the nutrition site/distribution point.

The nutrition service provider should solicit the advice and expertise of individuals, community agencies and community resource organizations that are knowledgeable about the needs of older individuals.

**Outreach**

C1, C2

The nutrition service provider must develop, document and implement procedures to inform older persons about the program and to attract them to the service. This must be done on at least a quarterly basis. Procedures should include, but are not limited to, news releases, hosting special events, setting up information booths, and distributing posters and brochures to community locations.

Nutrition Program Providers must inform the public on the availability of congregate and home delivered meal programs and how assessments for home delivered meals can be arranged.

Congregate Nutrition Program Providers may provide a limited number of meals to outside groups as “outreach” meals e.g. local park districts, housing facilities. The meals should be similar menu to the main site and must be approved by AgeOptions. The goal of the meals should be to entice participants to attend the main Congregate nutrition site; the program should be very short term and be coordinated with the overall outreach plan.

Congregate Nutrition Program Providers are encouraged to host special parties or theme days using their existing caterers. They may propose a limited number of “Special Event” meals using a different caterer. Prior to each “Special Event”, the provider is required to submit a plan on the Special Event and explain how the “Special Event” meal fits in with the long term outreach plan of increasing consistent participation. AgeOptions prior approval is required.

**Coordination with Community Agencies**

C1, C2

The nutrition service provider must make every effort to utilize existing social service resources provided by agencies such as health and mental health, public assistance, economic opportunity, legal services, food and agriculture agencies and other social service agencies especially Title III funded programs to assist in
outreach and to connect seniors to benefits.

The nutrition service provider, with the consent of the older person, or his or her representative, should alert the CCU of the need for additional follow-up, or about any conditions or circumstances which place the older person or the household in imminent danger.

Socialization
C1

Congregate nutrition programs shall provide opportunities to socialize through the site's program activities on a daily basis. Activities may include, but are not limited to: low cost day trips, bingo games, card games, crafts, reading or discussion groups, intergenerational programming, etc.

If the provider is operating a restaurant voucher program, efforts must be made to encourage participant interaction. Sample activities may include, but are not limited to, signing up for a dining partner, scheduling designated days or specific dining times at the restaurant, or hosting speakers or activities in a separate room at the restaurant, if feasible.

Congregate nutrition and restaurant programs are encouraged to develop and implement an activity plan. This plan should reflect the interests of the program participants and have an evaluation process built into the plan.

Nutrition Education
C1, C2

Nutrition service providers must provide AgeOptions with a written plan for providing nutrition education. Nutrition education must be performed on at least a quarterly basis. Nutrition education methods may include presentations, informational brochures, guest speakers, arrangements for individual counseling on nutrition risk and special diets.

C1

Applicants must submit a written plan to provide education on nutrition, health promotion or disease prevention, at each congregate site, quarterly. This plan must include the provision to host one educational presentation conducted by AgeOptions Countywide Health Promotion Coordinator grantee.

PARTICIPANTS

Participant Confidentiality
C1, C2

Each nutrition service provider must assure that
personal information obtained from an individual in conjunction with the project will not be disclosed without the written consent of the individual concerned. All project records must be maintained in such a manner as to assure confidentiality.

Participant Input
C1, C2
Congregate and Home Delivered Meals providers must establish and document methods to solicit information on participant satisfaction with the delivery of nutrition services and quality of menu items served. Surveys of participants in the program should be performed at least annually. Providers will actively respond to participant input in order to maximize participation and minimize waste. Surveys must be kept on file for review, along with documentation of actions taken in response to the survey results.

Site Advisory Council
C1
Congregate meal providers must establish a nutrition project council consisting of site participants. The Site Advisory Council will be involved in soliciting input from other participants and providing their own input on site menus, meals, and activities. It is preferred that each site have its own Advisory Council.

Record Keeping
C1, C2
Nutrition service providers shall establish and maintain a record keeping information system that includes, at a minimum, all reporting elements required by the National Aging Program Information System (NAPIS) including demographic data, Nutrition Risk data and for Home Delivered meals, tracking Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Providers shall use NapisPak or an equivalent system that provides “NapisPak-ready” data. Nutrition Service Providers must reconcile their NAPIS reporting with units requested for reimbursement on at least a quarterly basis plus months of August and September. See NAPIS sample data collection form in attachments.

Participant Contributions/
Project Income
C1, C2
Nutrition service providers must provide each eligible participant with an opportunity to make a voluntary and confidential donation to the cost of the meal. Each eligible participant must be aware that meals will be provided regardless of ability or willingness to make a donation.

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1 A multi-site provider will establish a Site Advisory Council at each site.
The following information should be provided to all participants:\(^2\)

a. The full cost of the meal at that site/distribution point, exclusive of in-kind.

b. The suggested contribution for each meal.

c. Meals will be provided regardless of ability to pay.

**Donation/ Project Income Collection**

**C1, C2**

Nutrition service providers must develop specific written procedures for collection, handling, counting, and depositing cash donations. Congregate contributions must be kept separate from home delivered meal contributions. Contributions must be counted, logged and signed for by two persons who work/volunteer at the site/distribution point, on each service day. For multi-site providers - each site/distribution point must have a clear method to identify deposits made for each particular site.

**Donations/ Project Income**

**C1**

Congregate nutrition service providers must provide a locked box for participant contributions at each site. The box should be kept locked during service and should not be used to give change for large bills. Envelopes must be available to ensure confidentiality of donations.

**C2**

Home delivered meals recipients should be given the opportunity to mail donations and they should be provided with a donation envelope by the delivery person.

**Use of Donations/ Project Income**

Contributions/Project Income must be used to increase the number of meals served by the project, facilitate access to such meals, and provide other supportive services directly related to nutrition services.

**Nutrition Services Incentive Program**

Funding for Title III-C services is partially provided by the Nutrition Services Incentive Program. The nutrition service provider will have methods to assure

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\(^2\) At congregate sites, a sign, with AgeOptions approved-language, must be posted in a conspicuous spot near the registration desk that includes all of the information. For home delivered meal providers, this information should be a part of the initial welcome packet that is delivered to the recipient and with any notices that are sent to the participant regarding donations.
Commodities) that NSIP funds are used to purchase only U.S. grown/produced food.  

C1, C2 Nutrition service providers that subcontract with a caterer will include this requirement in the subcontract. In addition, Nutrition service providers must use NSIP funds to increase the total number of meals served. AgeOptions will only allocate NSIP funds to agencies receiving a grant under Title III of the Older Americans Act.

Meal Reimbursement  

C1, C2 Nutrition service providers will only be reimbursed for meals served to eligible clients that fall within the work plan. Congregate providers must use sign-in sheets to verify the number of meals served. Home delivered meal providers must use delivery route sheets that clearly indicate which clients either do, or do not, receive a meal that day. Undelivered and/or waste meals are not reimbursable.

PROJECT OPERATIONS AND MANAGEMENT

Schedules  

C1 Nutrition service providers shall assure that congregate nutrition sites are open every day as listed in their work plan, and never close on those days without clear procedures for notification of participants and provision of transportation/referral to another site.

C2 Nutrition service providers shall assure that each home delivered meal site is open every scheduled day as listed in their work plan and never closed for any days normally scheduled to be open without arrangements for the delivery of meals. The client must be able to reach an employee of the nutrition provider in the event of problems or emergencies.

Emergency Procedures  

C1, C2 Nutrition service providers shall develop written procedures for health, safety, disaster and weather related emergencies or other situations that may interrupt meal service.

C1 Congregate providers must post the procedures at each congregate site.

C2 Providers must make arrangements for delivery of meals in the event of any emergency situation—weather or otherwise.
Additionally, Home Delivered Meals providers must develop a written plan that describes procedures to be followed in case a participant is found ill or is injured. This plan must be a part of every delivery person's orientation and training.

**Project Director**  
**C1, C2**

The nutrition project must have a project director who is empowered with the authority to conduct the day-to-day management and administrative functions of the program. The project director must have a minimum of three years of demonstrated management and supervisory experience.

**Site Supervisor**  
**C1, C2**

The nutrition project shall have at each congregate site and/or distribution point, a site supervisor either paid or volunteer, who is responsible for all activities and on-site when the site is open. The site supervisor shall have a high school diploma or equivalent, and one year experience supervising, leading or directing others and must also have successfully completed the Illinois Department of Public Health's Food Service Sanitation certification training and have a current registration.

All staff and volunteers working in the food preparation and food serving area shall be under the supervision of the site supervisor who will ensure the application of hygienic techniques and practices in food handling, preparation, service and delivery.

**Volunteer Opportunities**  
**C1, C2**

Volunteer opportunities shall be available in both Congregate and Home Delivered Meals programs. To help maintain a solid volunteer base, recruitment and training of volunteers should take place a minimum of once per year.

**Sanitation Certificate**  
**C1, C2**

The Site Supervisor, and if possible the food service worker(s), must have a current Illinois Department of Public Health Food Service Sanitation certificate. The Site Supervisor, or other certified individual, must be present during food service provision to ensure that proper sanitation and safety procedures are followed. All staff working in the food preparation and food serving area shall be under the supervision of a person who will ensure that hygienic techniques and practices in food handling, preparation, service and delivery are being followed.
Job Descriptions
C1, C2 Nutrition service providers must determine tasks to be completed and develop job descriptions for all staff and volunteer positions.

Orientation/Training
C1, C2 Nutrition service providers must have a written training plan describing the content and the subject matter expected to be covered for all paid and volunteer staff engaged in the implementation of the program. Training in sanitation, health, fire and safety regulations should be provided during orientation of staff new to the program and, at minimum, once a year thereafter. The training should include but not be limited to: safe food handling, food borne illnesses, hygienic practices of personnel, equipment sanitation, dish washing procedures, facility sanitation, rules of safe work, and fire and safety regulations. AgeOptions also suggests that some attention be given to training volunteer and paid staff on aging and aging sensitivity issues.

Background Checks
C1, C2 The nutrition provider shall conduct criminal background checks on all staff whose salaries are paid wholly or partially through AgeOptions grants. The provider shall also conduct criminal background checks on volunteers participating in AgeOptions funded programs with in-home client contact, and/or access to confidential client information including, but not limited to addresses, social security numbers, financial info, etc. Please refer to AgeOptions criminal background check policy included in Appendix on www.ageoptions.org.

Food Safety at Home
C2 Home Delivered Meals providers must inform home delivered meals participants of the dangers of holding food for long periods without refrigeration. Senior participants should be reminded of this safety information on a monthly basis by the delivery person and/or in writing.

FOOD SERVICE OPERATION

Written Procedures
C1, C2 Nutrition service providers with on-site meal preparations and/or contracted meal preparations must establish written procedures for all components of the food service operation, e.g., receiving and storage of all food, equipment and paper products; menu planning; meal preparation; storage/holding; meal assembly; transport; and
meal service. These procedures must be kept in a location that is conveniently accessible to staff and volunteers.

**On-Site Operations C1, C2**

Nutrition service providers with on-site meal operations shall:

a. Develop written procedures for purchasing all food and supplies.

b. Develop specific written procedures for receiving all purchases from vendors.

c. Develop written procedures for storing food received in either dry, refrigerated or freezer storage areas according to state and local food service establishment requirements.

d. Develop a written or computer-based inventory system that establishes a first-in, first-out system for all perishable foods.

e. Submit menus to AgeOptions Dietitian for approval, at least four or more weeks in advance of service.

f. Prepare food following standardized recipes and according to state and local food service establishment requirements.

g. Develop written guidelines for recording and maintaining temperatures of hot foods at or above 140 degrees Fahrenheit and cold foods at or under 40 degrees Fahrenheit until serving time/delivery. Guidelines must also include procedures for daily recording of temperatures of refrigeration and freezer equipment.

h. Assure that kitchen staff has appropriate training and equipment to serve portion sizes as listed in the menu.

**C2 only**

i. For home delivered meals providers, the temperature of a sample meal must be tested and recorded at the beginning and the end of the longest delivery route at least twice a month.

**Contracted Food Service Operation C1, C2**

a. In order to have the most cost-effective meals, AgeOptions will try to leverage the buying power of our network to receive lower cost meals. Nutrition service providers who contract with a third party caterer shall work with AgeOptions to issue a Unified Bid for Catering services. Once an applicant is selected, AgeOptions will ask they submit a list of “local preferences” for their proposed programs. These preferences should be as minimal as possible and encourage open competition, in accordance with Federal cost principles.

b. AgeOptions dietitian will inspect the contractor's location, prior
to notification award, to ensure compliance with all local health, sanitary, fire and safety regulations. Up-to-date, less than 12 months old, health and fire department inspection reports must be submitted to and on file at AgeOptions for all contracted food operations.

c. Notify AgeOptions within 30 days, if a change of contractor for prepared meals occurs during the contract period, and provide AgeOptions with a copy of the new contract.

d. Include in their contract with the selected contractor the following clause:
“This contract will become null and void upon evidence by a dietitian, or local health department that the contractor's operations are not sanitary and/or that meal preparation is not done in a manner that assures adherence to generally accepted health, safety, and/or sanitary standards associated with the preparation of meals.”

e. Assure that hot food items are maintained at or above 140 degrees Fahrenheit and cold food items are maintained at or below 40 degrees Fahrenheit throughout meal assembly, transportation, holding and meal service/delivery.

C2 only

f. For home delivered meals providers, the temperature of a sample meal must be tested and recorded at the beginning and the end of the longest delivery route at least twice per month.

C1, C2

g. Develop specific written procedures for receiving and storing food received from the contractor. Written procedures must include instructions for:

- Verifying food quantities and portion sizes if food is pre-portioned.

- Checking and recording food temperatures at time of delivery to the site and before service or transport to participants if the food is held for longer than five minutes;

- Equipment to be utilized to prepare, store and serve food;

- Steps to follow for foods that arrive above or below...
temperature, deteriorated food and food shortages.

Food Containers/Utensils
C1, C2 Nutrition service providers must have available for use, upon request, appropriate food containers and utensils for participants with physical disabilities.

Leftovers
C1, C2 Nutrition service providers should make every effort to minimize leftover food. Unserved leftover foods shall not be taken from kitchens or sites by employees, volunteers or participants. Providers shall develop a written policy that describes the procedures for handling leftover food at the site/distribution point. Procedures should adhere to generally accepted practices for safe food handling.

Removal of Food
C1 Congregate nutrition service providers must post signs in conspicuous spots that warn participants of the health hazards associated with removal of food from the congregate nutrition site. Participants should be prohibited from taking uneaten food from the nutrition site. The Site Supervisor should reinforce this information verbally.

Food Borne Illness
C1, C2 In the event that a nutrition service provider receives a complaint or report of symptoms of food borne illness, the nutrition service provider must immediately notify the local health department to initiate an investigation.

The nutrition service provider must inform AgeOptions of the complaint or report of symptoms of food borne illness within 24 hours of the investigative procedures in progress. Periodic updates shall be provided to AgeOptions regarding the progress and findings of the investigation.

B. Packaging
C2 Home delivered meals providers must meet the following minimum requirements for packaging of meals:

a. All meals packaged at nutrition sites must be individually packaged prior to congregate meals being served, and packed in secondary insulated food carriers with tight fitting lids and transported immediately.
b. All meals packaged at food preparation centers must be individually packaged and packed in secondary insulated food carriers with tight fitting lids and transported immediately.

c. Containers must be designed to maintain the integrity and safety of the food. Containers must be appropriately insulated to maintain proper food temperatures. The lids must provide a tight seal.

d. Hot and cold foods must be packaged and packed separately. Bread and bread products should be individually wrapped.

e. All food delivery carriers must maintain the proper temperature for the required time that the food will be in the carrier.

**PHYSICAL FACILITY REQUIREMENTS**

**Congregate Site Location C1**

Congregate nutrition sites must be located in as close proximity to the majority of eligible individuals' residences (especially those individuals of targeted populations) as feasible. Particular attention should be given to a location in a multipurpose senior center, school, faith based organization, or another appropriate community facility, within walking distance where possible, and where appropriate transportation to the site is furnished.

**Congregate Facility Requirements C1**

Congregate nutrition sites must be housed in facilities that are physically safe and accessible structures. The structure must allow for maximum participation of all eligible participants and volunteers. See the Program Accessibility Form for more details. Minimum requirements include:

a. Parking area within one block.
b. An entranceway that is accessible on the ground level to persons with disabilities.*
c. Entrances, exits, doorways, stairways and hallways of good repair and unobstructed.
d. Sites above or below ground level equipped with an elevator, lift or ramp.
e. Floors that are nonslip, level and easily cleaned.
f. Adequate lighting provided to assure safe passage of participants.
g. Ventilation capable of providing for the health and comfort of participants.
h. Toilet facilities with at least one toilet accessible to individuals with disabilities (ex. wheelchair bound) and available to both genders.*
i. Traffic patterns, exits, entrances, hazards and restricted areas that are marked.
j. Spaces identified as dining, kitchen, and site supervisor’s area.

(See page 16 for Ideal Site Factors)

*The Civil Rights Self Evaluation form outlines the minimum requirements for handicapped accessibility. All Congregate Meal sites must comply with all requirements of the Illinois Department on Aging Civil Rights Program.

Facility Sanitation and Safety C1, C2

Congregate meal sites, Home Delivered Meals distribution points, contracted food service operators and restaurants must comply with federal, state and local fire, health, sanitation, safety and building codes, regulations and licensure requirements. At the time of application, current and legible inspection reports must be on file with AgeOptions for public review.3

Site Facility Inspections C1, C2

On-site and contracted food service operations must be inspected at least once a year by the appropriate local regulating authorities, and must comply with all health, sanitation, fire and safety rules and regulations. Current and legible copies of these reports must be submitted to AgeOptions with the application and subsequently with the 2nd and/or 4th quarter program reports. Providers are required to keep on file an explanation of action taken to address any points lost on an inspection at their site or at the caterer's facility.

C1, C2

On-site and contracted food service operations will be visited and evaluated for health, fire, safe and sanitary conditions by AgeOptions dietitian at least once per year. Providers are

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3 Inspection reports may not be more than twelve (12) months old or must be deemed current by local health officials at the time of application for funding.
required to submit documentation of actions taken to address any points lost on the inspections to AgeOptions.

**Equipment/ Furnishing**

*C1*

Congregate nutrition service providers shall assure that furnishing and equipment for:

a. The dining area is strong and sturdy, allow for easy mobility, encourage socialization among participants, and create a bright and warm atmosphere;

b. The kitchen area is constructed and installed according to state and local food service health and safety regulations for food service operations; and

c. The site supervisor's area is durable and practical to handle daily operations (e.g. locked files).

**Inventory**

*C1, C2*

Nutrition service providers shall develop and maintain an inventory list of all equipment.

**Transportation**

*C1*

Congregate nutrition service providers should provide participants with information on available transportation options. Other site participants should be encouraged to assist in transporting seniors to the site. Providers must demonstrate special attention to persons whose new or continued participation is dependent on the availability of transportation provided by community resources. A best practice would be that the site sets up carpools or provides discounted bus fares.

**Site/Facility Agreement**

*C1, C2*

Nutrition service providers must have a written agreement or letter of support from the organization where a congregate site and/or home delivered meal distribution point is located or proposed. The agreement or letter of support must be current at the time of application and on file with AgeOptions and should include:

a. Responsibilities and obligations of each party (including sanitation of restrooms and common areas, snow removal on walkways, care and maintenance of facility, obtaining health department permits, fire inspections, cleaning, insurance coverage of items owned by project, personal liability insurance, and compliance with all federal, state, and
local laws). The congregate and/or HDM site agreement may not contain provisions that constitute subcontracting.

b. Staffing interrelationships and roles with the host organization including responsibility and authority.

c. Costs or payments to be incurred by either party.

d. Days and hours the site/distribution point will operate and provide services in the facility.

**Note:** Facility Agreement or Letters of Intent must be between service provider and the host. Site agreements must be less than eighteen (18) months old at the time of application.

**Ideal Congregate Site Factors**

In addition to the "Congregate Facility Requirements C1" listed on page 13, the following is a list of factors that AgeOptions considers integral to the makeup of the "ideal" congregate nutrition site:

1. Located in a multi-purpose center (which promotes the utilization of existing social services) or focal point for senior services

2. Located in proximity to low income persons (as determined by the number of older persons in poverty in nearby census tracts, and by the mean household income for persons 60 years and older)

3. Located in proximity to minority persons

4. Availability of public or senior transportation services

5. Availability of alternate modes of transportation (should it be needed)

6. Parking lot located adjacent to site

7. Compliance with all Federal, State, and Local government fire, health, sanitation, safety and building codes, regulations, and licensure requirement

8. Dining facilities that allow for easy mobility, encourage socialization among participants, and create a bright and warm atmosphere

9. Participant acceptability of food service style (i.e.: use of a variety of different meals, use of ethnic foods, use of modified diets, etc.)
10. Planning of day trips away from site.

11. The Site Manager will be a leader for staff, volunteers and participants. Some examples of how this may be achieved are modeling appropriate and friendly behavior, motivating staff and volunteers, trying new ideas and delegating tasks.

12. Site staff and volunteers will create a sense of community for participants at the congregate meal site, including involving participants as partners; promoting connections between participants; providing information (or access to information); and ensuring all participants feel included.

13. The site will actively engage in the community at large such as maintaining a visible presence in the community through staff and volunteers; soliciting support from the community; participating in community activities such as advisory boards and events; educating participants about resources available in the community.

14. The Site will have quality customer service for participants at the congregate meal site. Including providing choices for entrees; use of non-disposable dishes, cups, glasses and flatware; serving meals to participants at their tables rather than cafeteria style; providing choices for side dishes or other meal options; soliciting feedback from participants on menu choices and programming; and providing timely follow-up on participant issues.

15. Provide special menus, where feasible and appropriate, to meet the particular dietary needs arising from the health requirements, religious requirements, ethnic or cultural backgrounds of eligible individuals.
Adequate and balanced nutrition is recognized as a prime component of older adults’ overall health and increases their ability to reduce the risk of and/or recover from disease and disability. The goal of the Menu Standards is to set guidelines that will ensure that providers offer well-balanced and satisfying meals. To assure that this goal is met, meals must comply with the most recent Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture and meet the minimum requirements of the Dietary Reference Intakes (DRIs) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. DRIs are values that are quantitative estimates of nutrient intakes that are used for planning and assessing diets of healthy populations. Over time, the National Academy of Sciences has been establishing and issuing the DRIs. As revised Dietary Reference Intakes become available, AgeOptions reserves the right to require menu changes to meet the most recent nutrient requirements.

**Meal Requirements**

Nutrition service providers must assure that each meal contains a minimum of one-third of the current Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. Providers who plan to serve two meals on the same day must plan the meals to meet the total nutrients equal to at least two-thirds of the Dietary Reference Intakes.

**Special Menus**

The nutrition service provider must provide special menus, where feasible and appropriate, to meet the particular dietary needs arising from the health requirements, religious requirements, or ethnic backgrounds of eligible persons. Ethnic or religious menus must approximate as closely as possible (given religious requirements or ethnic background) the regular meal pattern and required nutrient content of meals. Greater consideration will be given to providers who plan to offer special menus to meet the needs of targeted populations.

In determining feasibility and appropriateness, the providers must use the following criteria:

1. Whether there are a sufficient number of persons who need the special menus to make their provision practical; and
2. Whether the food and skills necessary to prepare the special menus are available in the program area.

**Menu Planning**

Nutrition service providers must plan 4 menus in advance of service and keep the

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4 Providers who utilize a contracted food service provider must coordinate with the food service provider to develop the menus.
menus on file. If a cycle menu is used, there shall be at least three cycles per year. If the cycle is at least 6 weeks or greater in length, there shall be at least two cycles per year. Changes may be made to the approved cycle menu, with input from the participants and food service provider and with approval of AgeOptions Dietitian.

1. Menus must list portion sizes for each item on the menu to facilitate calculation of the nutrient content of the meals.

2. Monthly menus must be signed and certified by AgeOptions Dietitian to provide one-third of the current Dietary Reference Intakes and meet the requirements of the contract. Menus must be submitted to AgeOptions dietitian for approval and certification at least four (4) or more weeks in advance of service.

3. Monthly menus should be on file at the provider agency, with any changes noted in writing, for at least one year.

4. A monthly, legible and easy to read menu, with or without portion sizes, must be posted in a conspicuous location in each congregate meal site, as well as each preparation area.

5. The menu should be adhered to, subject to seasonal availability of food items. If a change is required, a nutritionally equivalent item must be substituted.

6. Each nutrition provider shall assure that congregate meal participants are offered all the food items needed to meet the menu requirements.

7. Any participant or Nutrition Site Advisory Council suggestions and preferences should be taken into consideration when approving the menus, as long as the requirements of the grant are being met.

Dietary Guidelines
The "Dietary Guidelines for Americans" recommends that diets be low in fat, saturated fat and cholesterol and that sodium be used in moderation. This can be accomplished as follows:

1. Bake, boil and steam foods in place of frying foods in fat. Use low-fat salad dressing, cheese and gravies (made without drippings and fats). Use fats only as indicated in a low-fat recipe.
2. Salt should be used sparingly, if at all, in cooking and at the table. Use low-sodium meats, flavorings and seasonings.
3. Use whole grain breads and cereals, cooked dried peas and beans, fresh

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5 Please see definitions of seasonal cycle menu and monthly menu in glossary.

vegetables and fruits to increase the fiber content of the menus.

Acceptability
Meals should offer a wide variety of foods with a goal of no repetition of entrees or desserts within a menu cycle. An entree or dessert may be repeated if a significant number of participants or the Site Advisory Council requests it.

Meals should include a variety of foods and preparation methods with consideration for color, combinations, texture, size, shape, taste, appearance and temperature to maximize palatability and attractiveness of the meal.

Fresh fruits and vegetables should be offered whenever possible and/or when they are in season.

Menu Standards
Nutrition service providers who choose not to complete a computerized nutritional analysis of their menus will follow the meal pattern described in this section.

Requirements for One or Two Meal(s) Daily
EACH meal must provide:

One (1) Serving lean meat or meat alternate: 3 ounces of edible cooked meat, fish, fowl, eggs or meat alternate

Two (2) Servings vegetables: ½ cup equivalent – may serve an additional vegetable instead of a fruit

One (1) Serving fruit: ½ cup equivalent – may serve an additional fruit instead of a vegetable

Two (2) Servings grain, bread or bread alternate, preferably whole grain: for example, 2 slices of whole grain or enriched bread 1 ounce each or 1 cup cooked pasta or rice

One (1) Serving fat free or low fat milk or milk alternate: 1 cup equivalent

Margarine and dessert are optional and must be counted in the calories, fat and sodium totals, if served in addition to above components.

Meat or Meat Alternate

- Three ounces (providing at least 19 g protein) of lean meat, poultry, fish or meat alternate should be provided for the lunch or dinner meal. Meat serving weight is the edible portion, not including skin, bone, or coating.
Meat (1 ounce) alternates include:
1 medium egg
1-ounce cheese (nutritionally equivalent measure of pasteurized process cheese, cheese food, cheese spread, or other cheese product)
½ cup cooked dried beans, peas or lentils
2 tablespoons peanut butter or 1/3 cup nuts
¼ cup cottage cheese
½ cup tofu
1 ounce of soy type burger

A one ounce serving or equivalent portion of meat, poultry, fish, may be served in combination with other high protein foods.

Protein/lean meat/meat alternate items containing textured vegetable protein and providing at least 19 g protein in a (3 oz) serving may be served.

Mixed entrees such as stews and casseroles generally will require a 1 cup serving (in order to include 3 oz. of the protein ingredient).

Except to meet cultural and religious preferences and for emergency meals, serving dried beans, peas or lentils, peanut butter or peanuts, and tofu for consecutive meals or on consecutive days should be avoided. Smaller amounts of these protein sources plus, eggs, natural or processed cheese etc, may be used in salads, or as ingredients in menu items to complete the protein requirement when an entrée has less than 3 oz. of high quality protein.

Imitation cheese (which the Food and Drug Administration defines as one not meeting nutritional equivalency requirements for the natural, non-imitation product) cannot be served as meat alternates.

To limit the sodium content of the meals, serve no more than once a week cured and processed meats (e.g., ham, smoked or Polish sausage, corned beef, wieners, luncheon meats, dried beef).

To limit the amount of fat, especially saturated fat, and cholesterol in meals, regular ground meat should be served no more than twice weekly when one meal is provided and no more than four times weekly if two meals are provided.

Vegetables
• A serving of vegetable (including cooked dried beans, peas and lentils) is generally ½ cup cooked or raw vegetable; or ¾ cup 100% vegetable juice, or 1-cup raw leafy vegetable. For pre-packed 100% vegetable juices, a ½ cup juice pack may be counted as a serving if a ¾ cup pre-packed serving is not available.

• Fresh, frozen or unsalted canned vegetables are preferred instead of canned vegetables containing salt. Fresh seasonal vegetables are preferred.

• Vegetables may be provided as soups, juices, salads or entrée side dishes.

• Vegetables as a primary ingredient in soups, stews, casseroles or other combination dishes should total ½ cup per serving.

• Combinations of several vegetables (i.e. mixed vegetables, tossed salad) count as one serving if the total serving meets or exceeds the standard portion.

• At least one serving from each of the five vegetable subgroups must be included in a weekly menu. The five vegetable subgroups include dark green vegetables, orange vegetables, cooked dry beans and peas, starchy vegetables, and “other” vegetables.

• Dried beans, peas and lentils may be counted as either a serving of vegetable or meat alternative but not for both groups in the same meal.

• A serving of cooked legumes (dried beans, peas and lentils) must be included twice each week, if one meal is provided; 4 servings per week must be included, if two meals are provided.

• With green salads, a 2 Tbsp. portion of low fat or fat free dressing should be provided.

**Fruits**

• A serving of a fruit is generally a medium apple, banana, orange, or pear; ½ cup chopped, cooked, or canned fruit; or ¾ cup 100% fruit juice. For pre-packed 100% fruit juices, a ½ cup juice pack may be counted as a serving if a ¾ cup pre-packed serving is not available.

• Fresh, frozen, or canned fruit will preferably be packed in juice, without sugar or light syrup. Fresh seasonal fruits are preferred.

• Fruits may be provided as juices, salads, desserts or entrée side dishes.
• Combinations of several fruits (i.e. mixed fruit cup, tropical fruit salad) count as one serving if the total serving meets or exceeds the standard portion.

**Grain, Bread or Bread Alternate**

• A serving of grain or bread is generally 1 slice (1 ounce), whole grain or enriched; ½ cup cooked whole grain or enriched pasta or grain product; or 1 ounce of ready-to-eat cereal. *Priority should be given to serving whole grains*

• Grain, bread and bread alternates include:

  1 small 2-ounce muffin, 2” diameter
  2 mini muffins
  2” cube cornbread
  1 biscuit, 2” diameter
  1 waffle, 4” diameter
  1 slice French toast
  ½ slice French toast from “Texas Toast”
  ½ English muffin
  1 tortilla, 4-6” diameter
  1 pancake, 4” diameter
  ½ bagel
  1 small sandwich bun (<3” diameter)
  ½ cup cooked cereal
  4-6 crackers (soda cracker size)
  ½ large sandwich bun
  ¾ cup ready to eat cereal
  2 graham cracker squares
  ½ cup bread dressing/stuffing
  ½ cup cooked pasta, noodles or rice
  prepared pie crust, 1/8 of a 8” or 9” two-crust pie
  ½ cup cooked grain product in serving of fruit “crisp” or cobbler

• A variety of enriched and/or whole grain products, particularly those high in fiber, are recommended.

• Two servings of whole grain products must be served at least twice a week when one meal is provided; 4 servings whole grain products must be served per week when 2 meals are provided.
• Grain/bread alternates do not include starchy vegetables such as potatoes, sweet potatoes, corn, yams, or plantains etc. These foods are included in the vegetable food group.

Milk or Milk Alternates

• **One cup** skim, low fat, whole, buttermilk, low-fat chocolate milk, or lactose-free milk fortified with Vitamins A and D should be used. Low fat or skim milk is recommended for the general population. Powdered dry milk (1/3 cup) or evaporated milk (½ cup) may be served as part of a shelf stable meal.

• Milk alternates for the equivalent of one cup of milk include:
  1 cup fat free or low fat milk
  1 cup yogurt, fat free or low fat
  1 cup fortified soymilk
  1 ½ cups cottage cheese, low fat
  8 ounces tofu (processed with calcium salt)
  1½ ounces natural or 2 ounces processed cheese
Nutrient Values for Meal Planning and Evaluation

The table below presents the most current DRIs and other nutrient values to use when planning and evaluating meals. Values are provided for serving 1, or a combination of 2 or 3 meals for 1-day consumption for the average older adult population served by nutrition programs. Menus that are documented as meeting the nutritional requirements through menu analysis must have written documentation, which supports the following nutrient content of each meal.

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Amount Required</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories (cal)</td>
<td>685 calories per meal averaged over one week</td>
<td>No one meal may be less than 600 calories</td>
</tr>
<tr>
<td>Protein (gm)</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Carbohydrate (gm)</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Fat (gm)</td>
<td>15-23 ≤ 30% calories averaged over one week</td>
<td>No one meal may be more than 35% fat</td>
</tr>
<tr>
<td>Fiber (gm)</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Vitamin A (ug)</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>Vitamin C (mg)</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Vitamin E (ug)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Vitamin B6 (mg)</td>
<td>.6</td>
<td></td>
</tr>
<tr>
<td>Folate (ug)</td>
<td>133</td>
<td></td>
</tr>
<tr>
<td>Vitamin B12 (ug)</td>
<td>.8</td>
<td></td>
</tr>
<tr>
<td>Calcium (mg)</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>Magnesium (mg)</td>
<td>140</td>
<td></td>
</tr>
<tr>
<td>Zinc (mg)</td>
<td>3.7</td>
<td></td>
</tr>
</tbody>
</table>
**Table:**

<table>
<thead>
<tr>
<th>Potassium (mg)</th>
<th>1567</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium (mg)</td>
<td>&lt;800, averaged over one week</td>
</tr>
</tbody>
</table>

**Menu Approval Sheets** are provided at the end of this document for use in documenting that nutritional requirements are met by the menu through meeting the meal pattern requirements or through carrying out a computerized nutritional analysis of menus.

**SPECIFIC NUTRIENT SOURCES**

**Vitamin A**

Each day each meal must provide at least 300 mg vitamin A through foods served.

- To ensure this amount of vitamin A is provided when the meal pattern is followed, vitamin A rich foods must be served 2 to 3 times per week for one meal per day.
- When serving 2 meals per day, vitamin A rich foods must be served 4 to 6 times per week.
- One rich source or two fair source servings may be used to meet the requirements.
- Some examples of **rich** sources of vitamin A include:
  
  Apricots  
  Cantaloupe  
  Collard greens  
  Kale  
  Mango  
  Spinach  
  Turnip greens & other dark greens  
  Winter squash (Hubbard, Acorn, Butternut)  
  Carrots and sweet potatoes

- Some examples of **fair** sources of vitamin A include:
  
  Apricot Nectar  
  Broccoli  
  Tomato Sauce  
  Pumpkin  
  Vegetable Juice
Vitamin C

Each day each meal must provide at least 30 mg vitamin C through foods served.

- To ensure this amount of vitamin C is provided when the meal pattern is followed, vitamin C may be provided as one serving of a rich source, 2 half servings of rich sources or 2 servings of fair sources.
- When serving one meal per day, 1 rich or 2 fair sources must be served.
- When serving 2 meals per day, 2 rich or 4 fair sources must be served.
- Fortified, full-strength juices, defined as fruit juices that are 100% natural juice with vitamin C added, are vitamin C-rich foods.
- Partial-strength or simulated fruit juices or drinks, even when fortified, may not count as fulfilling this requirement, except cranberry juice.
- Some examples of rich sources of vitamin C include:
  - Broccoli
  - Cauliflower
  - Grapefruit juice
  - Kale
  - Mandarin oranges
  - Sweet potatoes
  - Tangerines
  - Brussels sprouts
  - Fruit juices, fortified
  - Green pepper
  - Kiwi
  - Oranges/orange juice
  - Yams
  - Cantaloupe
  - Grapefruit
  - Honeydew
  - Mango
  - Strawberries
  - Sweet red pepper

- Some examples of fair sources of vitamin C include:
  - Asparagus
  - Mustard greens
  - Spinach
  - Watermelon
  - Cabbage
  - Pineapple
  - Tomato/tomato juice/sauce
  - Turnip greens
  - Collard greens
  - Potatoes

- These are a few examples of vitamins A and C sources. A listing of vitamin A and C content of common vegetables and fruits is included at the end of this document as additional information. By consulting this listing and ensuring that a minimum of 300 mcg vitamin A and 30 mg vitamin C are included through vegetables and fruits in meals on a daily basis, providers will meet these vitamin requirements.
Food Preparation and Serving Recommendations

1. When cooking, use salt sparingly or eliminate entirely by using spices, herbs or other seasoning. To flavor foods, use salt-free seasoning, lemon juice, lime juice or vinegar.

2. Minimize the use of fat in food preparation. Fats should be primarily vegetable sources and in a liquid or soft (spreadable) form that is low in hydrogenated fat, saturated fat, and cholesterol. Limit fat to no more than 20-35 percent of the calories average for the week.

3. Each meal should contain at least 10 grams of dietary fiber. Use whole grains, meat alternatives, and fruits and vegetables to increase the fiber content of the menus. By ensuring that a minimum of 10 g fiber is included through foods served on a daily basis, providers will meet the fiber requirements.

4. Reflect seasonal availability of food.

5. Plan so that food items within the meat and meat alternatives, vegetable, fruit and grain/bread groups are varied within the week and menu cycle.

6. Include a variety of foods and preparation methods with consideration for color, combinations, texture, size, shape, taste and appearance.

7. Do not provide vitamin and/or mineral supplements.

8. Use low-sodium meats, flavorings, and seasonings.

9. Use low-fat salad dressing, spreads, cheese and gravies (made without drippings and fat)

10. Bake, broil, steam or stew foods in place of frying food in fat.

11. At congregate sites, have drinking water readily available to encourage fluid intake. Coffee/decaf and tea with low-fat or non-dairy creamer, sugar/sugar substitute must be available on a daily basis at congregate sites.

12. Desserts may be provided as an option to satisfy the caloric requirements or for additional nutrients. Desserts such as fruit, whole grains, low fat or low sugar products are encouraged. Fresh, frozen, or canned fruits packed in their own juice are encouraged often as a dessert item, in addition to the serving of fruit provided as part of the meal. However, if a dessert contains as least ½ cup of fruit it may be counted as a serving of fruit. A dessert containing at least ½ cup enriched/whole grain product may be counted as a
serving of grain. For example, a serving of two-crust (approx. 1/8 of 8" or 9" pie) fruit pie that contains at least ½ cup fruit is counted as one serving fruit and one serving grain.

13. Ethnic or religious menus must approximate as closely as possible (given religious requirements or ethnic background) the regular meal pattern and nutrient content of meals as previously stated.

14. Meals served in accordance with the meal standards are appropriate for persons with chronic disease, such as diabetes, heart disease and hypertension.

15. Each nutrition provider shall assure that congregate meal participants are offered all the food items needed to meet the menu requirements.
Refer to Menu standards for portion sizes, frequency and nutrient content. Minimum and maximum amounts indicated are for one week of menus.

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Total - 1 Meal per Day</th>
<th>Total - 2 Meals per Day</th>
<th>Total - 3 meals per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum</td>
<td>Check</td>
<td>Minimum</td>
</tr>
<tr>
<td>Meat, Eggs, Legumes</td>
<td>3 oz or equivalent 6 oz or equivalent</td>
<td>6 oz or equivalent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Legumes 2x/wk</td>
<td>Legumes 4x/wk</td>
<td>Legumes 4x/wk</td>
</tr>
<tr>
<td></td>
<td>Ground meat (fat &gt;10%) no more than 2x/wk</td>
<td>Ground meat (fat &gt;10%) no more than 4x/wk</td>
<td>Ground meat (fat &gt;10%) no more than 6x/wk</td>
</tr>
<tr>
<td>Fruit/Vegetable</td>
<td>3 servings</td>
<td>6 servings</td>
<td>9 servings</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>1 rich serving 2-3x/wk</td>
<td>1 rich serving 4-6x/wk</td>
<td>1 rich serving 4-6x/wk</td>
</tr>
<tr>
<td>Vitamin C</td>
<td>1 rich or 2 fair servings</td>
<td>2 rich or 4 fair servings</td>
<td>3 rich or 6 fair servings</td>
</tr>
<tr>
<td>Grains/Starches</td>
<td>2 servings</td>
<td>4 servings</td>
<td>6 servings</td>
</tr>
<tr>
<td></td>
<td>Whole Grains 2x/wk</td>
<td>Whole Grains 4x/wk</td>
<td>Whole Grains 6x/wk</td>
</tr>
<tr>
<td>Milk</td>
<td>1 serving</td>
<td>2 servings</td>
<td>3 servings</td>
</tr>
<tr>
<td>Energy</td>
<td>No less than 600 Average 685 for the week</td>
<td>No less than 1235 Average 1370 for the week</td>
<td>No less than 2000 Average ≤2054 for the week</td>
</tr>
<tr>
<td>Follow Dietary Guidelines</td>
<td>Sodium (Not more than 800 mg)</td>
<td>Sodium (Not more than 1200 mg)</td>
<td>Sodium (Not more than 2000 mg)</td>
</tr>
<tr>
<td></td>
<td>Fat (15-26 g)</td>
<td>Fat (29-52 g)</td>
<td>Fat (44-78 g)</td>
</tr>
</tbody>
</table>

I certify that, to the best of my knowledge, each meal in the attached menus follows the meal pattern developed by the Illinois Department on Aging and/or provides one-third of the current Recommended Dietary Allowances of the National Academy of Sciences and conforms to the Dietary Guidelines for Americans.

Signature:_____________________________ Date:________________

Menu Approval Sheet
<table>
<thead>
<tr>
<th>Nutrient</th>
<th>1 Meal per Day</th>
<th>2 Meals per Day</th>
<th>3 meals per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum</td>
<td>Check</td>
<td>Minimum</td>
</tr>
<tr>
<td><strong>Energy (Kcal)</strong></td>
<td>No less than 600 per meal; Average 685 per day for the week</td>
<td>No less than 1235</td>
<td>Average 1370 for the week</td>
</tr>
<tr>
<td><strong>Protein</strong></td>
<td>19 grams</td>
<td>38 grams</td>
<td>57 grams</td>
</tr>
<tr>
<td><strong>Fat</strong></td>
<td>&lt;26 grams ≤30% calories averaged over one week</td>
<td>&lt;52 grams ≤30% calories averaged over one week</td>
<td>&lt;78 grams ≤30% calories averaged over one week</td>
</tr>
<tr>
<td><strong>Fiber</strong></td>
<td>10 grams average over one week</td>
<td>20 grams average over one week</td>
<td>30 grams average over one week</td>
</tr>
<tr>
<td><strong>Calcium</strong></td>
<td>400 mg</td>
<td>800 mg</td>
<td>1200 mg</td>
</tr>
<tr>
<td><strong>Vitamin A</strong></td>
<td>300 ug</td>
<td>600 ug</td>
<td>900 ug</td>
</tr>
<tr>
<td><strong>Vitamin C</strong></td>
<td>30 mg</td>
<td>60 mg</td>
<td>90 mg</td>
</tr>
<tr>
<td><strong>Vitamin E</strong></td>
<td>.5 ug</td>
<td>10 ug</td>
<td>15 ug</td>
</tr>
<tr>
<td><strong>Vitamin B6</strong></td>
<td>.6 mg</td>
<td>1.2 mg</td>
<td>1.7 mg</td>
</tr>
<tr>
<td><strong>Folate</strong></td>
<td>133 ug</td>
<td>267 ug</td>
<td>400 ug</td>
</tr>
<tr>
<td><strong>Vitamin B12</strong></td>
<td>.8 ug</td>
<td>1.61 ug</td>
<td>2.4 ug</td>
</tr>
<tr>
<td><strong>Carbohydrate</strong></td>
<td>43 grams</td>
<td>87 grams</td>
<td>130</td>
</tr>
<tr>
<td><strong>Sodium</strong></td>
<td>Not more than 800 mg</td>
<td>Not more than 1200 mg</td>
<td>Not more than 2000 mg</td>
</tr>
</tbody>
</table>

I certify that, to the best of my knowledge, each meal in the attached menus provides one-third of the current Recommended Dietary Allowances of the National Academy of Sciences and conforms to the Dietary Guidelines for Americans.

Signature: ____________________________ Date: ____________________