



**ODHS/APD COMMUNITY SERVICES & SUPPORTS UNIT**  
 500 Summer St NE, MS E-12 • Salem OR 97301

**REQUEST to PROVIDE REDUCED MEALS**

CSSU use only	Approved <input type="checkbox"/> Y <input type="checkbox"/> N Date:	CSSU Initials:
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Date:	AAA:
Contact Name:	Tel:
Email:	Contract #

**Please submit as part of the AAA Area Plan. (If submitting between plans, prior to a planned reduction in meals, submit to the CSSU at [SUA.Email@odhsoha.oregon.gov](mailto:SUA.Email@odhsoha.oregon.gov) and reference Nutrition Approval in subject line)**

Request for approval for a AAA nutrition program to offer meals less than five days/week in a county must be submitted for approval by the CSSU with each new Area Plan, or prior to a reduction in meals that occurs during an existing approved Area Plan.

**Congregate Nutrition Services OAA Section 331(1):** Five or more days a week (except in a rural area where such frequency is not feasible 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.

**Home-Delivered Nutrition Services OAA Section 336(1):** Five or more days a week (except in a rural area where such frequency is not feasible and a lesser frequency is approved by the State agency), at least one home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, or fresh foods, and supplemental foods and any additional meals that the recipient of a grant or contract under this subpart may elect to provide.

Please complete the following for each county where OAA meals are offered less than 5 days/week:

County:

Average number of older adults currently being served - congregated:  
 home-delivered:



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Proposed days and location(s) for meals to be provided:  
Please provide rationale for request:

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County:  
Average number of older adults currently being served - congregate:  
home-delivered:  
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