

2011 National Evaluation of Title III-C Nutrition Services
Area Agency on Aging (AAA) Survey
Fax Back Form

A. ORGANIZATIONAL STRUCTURE

1. What was the end date of your most recently completed fiscal year?

____/____/_____
Month Day Year

2. During your most recently completed fiscal year, what was the total, unduplicated number of people who received any registered service, supported in whole or in part by Older Americans Act (OAA) Title III? Registered services include personal care, homemaker, chore, home-delivered meals, adult day care/health, case management, assisted transportation, congregate meals, and nutrition counseling.

____,____ PEOPLE RECEIVED ANY REGISTERED OAA SERVICE

Don't know

3. During your most recently completed fiscal year, what was the total, unduplicated number of people who received the following?

a. Congregate nutrition services for older adults? ____ , ____

Don't know

b. Home-delivered nutrition services for older adults? ____ , ____

Don't know

B. STAFF AND VOLUNTEERS

1. During your most recently completed fiscal year, including yourself, how many full-time equivalent employees did your AAA have?

____,____ NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES

Don't know

2. During your most recently completed fiscal year, including yourself, how many full-time equivalent employees worked on the nutrition program (congregate and home-delivered) funded in whole or in part by the OAA?

____ NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES

Don't know

3. During your most recently completed fiscal year, how many individual volunteers worked on the nutrition program (congregate and home delivered nutrition) at your AAA?

____,____ NUMBER OF VOLUNTEERS

4. During your most recently completed fiscal year, in total, how many volunteer hours did the nutrition program at your AAA directly receive?

____,____,____ NUMBER OF VOLUNTEER HOURS

Don't know

C. TARGETING

1. In the table below, please record the number of AAA program participants that fell into each of the following racial or ethnic categories for both congregate and home-delivered nutrition programs during your most recently completed fiscal year. Also indicate whether each category is a target population for your AAA.

Racial or Ethnic Category	Number in Congregate Nutrition Program	Don't know	Number in Home-Delivered Nutrition Program	Don't know	Is this a target population?		
	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	Yes	No	Don't know
a. American Indian or Alaska Native (alone)	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Asian (alone)	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Black or African American (alone)....	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Native Hawaiian or other Pacific Islander (alone).....	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. White (alone)	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Person reporting 2 or more races.....	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Other (<i>Specify</i>)	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. Hispanic (Total)	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

2. In the table below, please record the number of your AAA's program participants that fell into each of the categories listed below for both congregate and home-delivered nutrition programs during your most recently completed fiscal year. Also indicate whether each category is a target population for your AAA.

Category	Number in Home-Delivered Nutrition Program	Don't know	Number in Congregate Nutrition Program	Don't know	Is this a target population?		
	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	Yes	No	Don't know
a. Impairments in 3 or more Activities of Daily Living.....	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Impairments in 1-2 Activities of Daily Living	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Living alone	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Rural residents	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Living below the federal poverty level	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Female.....	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. 60-74 years old.....	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. 75-84 years old.....	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
i. 85+ years old.....	_____	d <input type="checkbox"/>	_____	d <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

D. PROGRAM RESOURCES

The next questions concern the total expenditures incurred by your AAA during your most recently completed fiscal year. Total expenditures include service, administrative, and overhead expenditures.

During your most recently completed fiscal year, ...

1. ...what were the total expenditures for your AAA?

\$ |_|_|_|_|_|,|_|_|_|_|_|,|_|_|_|_|_|

Don't know

2. ...what were the total expenditures for the Elderly Nutrition Program? This includes expenditures from funds received from the OAA plus expenditures from any additional sources of funds for the elderly nutrition program.

\$ |_|_|_|_|_|,|_|_|_|_|_|,|_|_|_|_|_|

Don't know

3. ...what were the total expenditures for the congregate nutrition program?

\$ |_|_|_|_|_|,|_|_|_|_|_|,|_|_|_|_|_|

Don't know

4. ...what were the total expenditures for the home-delivered nutrition program?

\$ |_|_|_|_|_|,|_|_|_|_|_|,|_|_|_|_|_|

Don't know

5. During your most recently completed fiscal year, what was the estimated annual value of donated facilities, equipment, goods and services for the Elderly Nutrition Program?

a. Congregate nutrition program \$ |_|_|_|_|_|,|_|_|_|_|_|

b. Home-delivered nutrition program \$ |_|_|_|_|_|,|_|_|_|_|_|

6. For each of the following funding sources, please indicate how much your AAA spent for congregate nutrition expenditures and home-delivered nutrition expenditures during your most recently completed fiscal year.

Funding Sources	Congregate Nutrition Expenditures	Don't know	Home-Delivered Nutrition Expenditures	Don't know
Direct federal sources				
a. Older Americans Act funds including NSIP	\$ _____	d <input type="checkbox"/>	\$ _____	d <input type="checkbox"/>
b. Other HHS (e.g., SSBG).....	\$ _____	d <input type="checkbox"/>	\$ _____	d <input type="checkbox"/>
c. Other non-HHS (e.g., USDA, VA).....	\$ _____	d <input type="checkbox"/>	\$ _____	d <input type="checkbox"/>
d. Multiple federal funds (unidentified).....	\$ _____	d <input type="checkbox"/>	\$ _____	d <input type="checkbox"/>
e. Other state sources	\$ _____	d <input type="checkbox"/>	\$ _____	d <input type="checkbox"/>
Other local sources				
f. County Government.....	\$ _____	d <input type="checkbox"/>	\$ _____	d <input type="checkbox"/>
g. City Government.....	\$ _____	d <input type="checkbox"/>	\$ _____	d <input type="checkbox"/>
h. Other local funding.....	\$ _____	d <input type="checkbox"/>	\$ _____	d <input type="checkbox"/>
i. Multiple local funds (unidentified)	\$ _____	d <input type="checkbox"/>	\$ _____	d <input type="checkbox"/>
Private Sources				
j. Non-profit org (e.g., United Way, 501 3-c)	\$ _____	d <input type="checkbox"/>	\$ _____	d <input type="checkbox"/>
k. Private for-profit (e.g., food industry)	\$ _____	d <input type="checkbox"/>	\$ _____	d <input type="checkbox"/>
l. Participant contributions	\$ _____	d <input type="checkbox"/>	\$ _____	d <input type="checkbox"/>
m. Program income other than participant contributions	\$ _____	d <input type="checkbox"/>	\$ _____	d <input type="checkbox"/>
n. Other private funds	\$ _____	d <input type="checkbox"/>	\$ _____	d <input type="checkbox"/>
Other (Specify) _____	\$ _____	d <input type="checkbox"/>	\$ _____	d <input type="checkbox"/>

7. The Older Americans Act permits the transfer of funds between the congregate nutrition, home-delivered nutrition, and supportive services programs. During your most recently completed fiscal year, what were the total amounts of funds transferred from...

Funds transferred from...	Amount Transferred	Don't
a. Congregate Nutrition to Home-Delivered Nutrition	\$ __ __ __ , __ __ __	d <input type="checkbox"/>
b. Home-Delivered Nutrition to Congregate Nutrition	\$ __ __ __ , __ __ __	d <input type="checkbox"/>
c. Congregate Nutrition to Supportive Services	\$ __ __ __ , __ __ __	d <input type="checkbox"/>
d. Home-Delivered Nutrition to Supportive Services	\$ __ __ __ , __ __ __	d <input type="checkbox"/>
e. Supportive Services to Congregate Nutrition	\$ __ __ __ , __ __ __	d <input type="checkbox"/>
f. Supportive Services to Home-Delivered Nutrition	\$ __ __ __ , __ __ __	d <input type="checkbox"/>