

2011 National Evaluation of Title III-C Nutrition Services  
[FILL SUA NAME] Data Verification

The information in Column 1 about [FILL SUA NAME] comes from the State Program Report and the NASUA State of Aging report. Please review the information about your SUA in Column 1. If the information is correct, check the box in Column 2 and continue to the next row. If the information is incorrect, please make corrections in Column 3.

COLUMN 1	COLUMN 2	COLUMN 3
<b>Organizational Structure</b>		
<p>1. The SUA is...</p> <ul style="list-style-type: none"> <li>an independent agency within state government</li> <li>part of an umbrella agency</li> <li>part of a board or commission</li> </ul> <p>2. (ANSWER 2 ONLY IF SUA IS PART OF UMBRELLA AGENCY) The umbrella agency of the SUA is best described as...</p> <ul style="list-style-type: none"> <li>Human service</li> <li>Health</li> <li>Medicaid</li> <li>Welfare</li> <li>Health and Social/Human/ Family services</li> <li>Governor/Lt. Governor's Office</li> <li>Community/Cultural Affairs</li> <li>None of the above</li> </ul>	<p><input type="checkbox"/> Correct</p> <hr/> <p><input type="checkbox"/> Correct</p>	<p><input type="checkbox"/> Incorrect. The SUA is...</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> an independent agency within state government</li> <li><input type="checkbox"/> part of an umbrella agency</li> <li><input type="checkbox"/> part of a board or commission</li> </ul> <p><input type="checkbox"/> Incorrect. The umbrella agency of the SUA is best described as...</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Human service</li> <li><input type="checkbox"/> Health</li> <li><input type="checkbox"/> Medicaid</li> <li><input type="checkbox"/> Welfare</li> <li><input type="checkbox"/> Health and Social/Human/ Family services</li> <li><input type="checkbox"/> Governor/Lt. Governor's Office</li> <li><input type="checkbox"/> Community/Cultural Affairs</li> <li><input type="checkbox"/> None of the above</li> </ul>

COLUMN 1	COLUMN 2	COLUMN 3
<p>3. The SUA administers the following non-Older Americans Act (OAA) programs:</p> <ul style="list-style-type: none"> <li>Medicaid institutional care</li> <li>Medicaid Waiver(s)</li> <li>Energy assistance (LIHEAP)</li> <li>State health insurance counseling and assistance program (SHIP)</li> <li>Pre-admission screening and resident review screening for mental illness (PASRR)</li> <li>State funded HCBS</li> <li>SNAP (Food Stamps)</li> <li>CACFP</li> <li>Emergency Food Assistance (TEFAP)</li> <li>Commodity Supplemental Food Program (CSFP)</li> <li>Senior Farmers Market (SFMP)</li> <li>None of the above</li> </ul>	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect. The SUA administers the following non-Older Americans Act (OAA) programs: <b>CHECK ALL THAT APPLY</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medicaid institutional care</li> <li><input type="checkbox"/> Medicaid Waiver(s)</li> <li><input type="checkbox"/> Energy assistance (LIHEAP)</li> <li><input type="checkbox"/> State health insurance counseling and assistance program (SHIP)</li> <li><input type="checkbox"/> Pre-admission screening and resident review screening for mental illness (PASRR)</li> <li><input type="checkbox"/> State funded HCBS</li> <li><input type="checkbox"/> SNAP (Food Stamps)</li> <li><input type="checkbox"/> CACFP</li> <li><input type="checkbox"/> Emergency Food Assistance (TEFAP)</li> <li><input type="checkbox"/> Commodity Supplemental Food Program (CSFP)</li> <li><input type="checkbox"/> Senior Farmers Market (SFMP)</li> <li><input type="checkbox"/> None of the above</li> </ul>
<p>4. There are [FILL NUMBER] tribal organizations with Title VI grants in this state.</p>	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect. The state has... [ ] [ ] TRIBAL ORGANIZATIONS
<b>Staff and Volunteers</b>		
<p>5. This SUA has [FILL # FTEs] full-time equivalent employees, including yourself.</p>	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect. The SUA has... [ ] [ ] [ ] [ ] FULL-TIME EQUIVALENT EMPLOYEES INCLUDING YOURSELF
<p>6. Of the total number of full-time equivalent employees, [FILL # FTEs] work on the Elderly Nutrition Program and are funded in whole or in part by the Older Americans Act.</p>	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect. The number of employees who work on the Elderly Nutrition Program is... [ ] [ ] [ ] [ ] FULL-TIME EQUIVALENT EMPLOYEES INCLUDING YOURSELF
<b>Ageing and Disability Resource Centers (ADRCs)</b>		
<p>7. An Aging and Disability Resource Center [exists/does not exist] in your state.</p>	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect. An Aging and Disability Resource Center [exists/does not exist] in your state.
<p>8. (ANSWER QUESTION 2 ONLY IF ADRC EXISTS) The Aging and Disability Resource Center [provides/does not provide] statewide coverage.</p>	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect. An Aging and Disability Resource Center [exists/does not exist] in your state.

COLUMN 1	COLUMN 2	COLUMN 3
<b>Service Population</b>		
9. The SUA serves the following populations through all programs and services: Adults 60 years and older Family caregivers Adults with physical disabilities regardless of age Adults with mental retardation or developmental disability regardless of age Children with physical disabilities Children with mental retardation or developmental disability	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect. The SUA serves... <b>CHECK ALL THAT APPLY</b> <input type="checkbox"/> Adults 60 years and older <input type="checkbox"/> Family caregivers <input type="checkbox"/> Adults with physical disabilities regardless of age <input type="checkbox"/> Adults with mental retardation or developmental disability regardless of age <input type="checkbox"/> Children with physical disabilities <input type="checkbox"/> Children with mental retardation or developmental disability
10. Between October 2010 and September 2011, the SUA served <b>[FILL NUMBER]</b> unduplicated congregate nutrition clients in the Older Americans Act (OAA) Title III-C Congregate Nutrition Program.	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect. In the most recently completed fiscal year, the SUA served...  _ _ _ _ , _ _ _ _  UNDUPLICATED CONGREGATE NUTRITION PROGRAM CLIENTS
11. Between October 2010 and September 2011, the SUA served <b>[FILL NUMBER]</b> unduplicated home-delivery nutrition clients in the Older Americans Act (OAA) Title III-C Home-Delivered Nutrition Program.	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect. In the most recently completed fiscal year, the SUA served...  _ _ _ _ , _ _ _ _  UNDUPLICATED HOME-DELIVERED NUTRITION PROGRAM CLIENTS
<b>Transfer of Older Americans Act Funds</b>		
*THE INFORMATION IN THIS SECTION APPLIES TO FUNDS TRANSFERRED IN THE MOST RECENTLY COMPLETED FISCAL YEAR		
12. The SUA transferred \$ <b>[FILL AMOUNT]</b> in OAA funds from Congregate Meal to Home-Delivered Meals.	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect. The SUA transferred... \$ _ _ , _ _ _ _ , _ _ _ _  FROM CONGREGATE TO HOME-DELIVERED MEALS
13. The SUA transferred \$ <b>[FILL AMOUNT]</b> in OAA funds from Home-Delivered Meals to Congregate Meals.	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect. The SUA transferred... \$ _ _ , _ _ _ _ , _ _ _ _  FROM HOME-DELIVERED TO CONGREGATE MEALS
14. The SUA transferred \$ <b>[FILL AMOUNT]</b> in OAA funds from Congregate Meals to Supportive Services.	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect. The SUA transferred... \$ _ _ , _ _ _ _ , _ _ _ _  FROM CONGREGATE MEALS TO SUPPORTIVE SERVICES

COLUMN 1	COLUMN 2	COLUMN 3
15. The SUA transferred \$[FILL AMOUNT] in OAA funds from Home-Delivered Meals to Supportive Services.	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect. The SUA transferred... \$ _ , _ _ _ , _ _ _  FROM HOME-DELIVERED MEALS TO SUPPORTIVE SERVICES
16. The SUA transferred \$[FILL AMOUNT] in OAA funds from Supportive Services to Congregate Meals.	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect. The SUA transferred... \$ _ , _ _ _ , _ _ _  FROM SUPPORTIVE SERVICES TO CONGREGATE MEALS
17. The SUA transferred \$[FILL AMOUNT] in OAA funds from Supportive Services to Home-Delivered Meals	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect. The SUA transferred... \$ _ , _ _ _ , _ _ _  FROM SUPPORTIVE SERVICES TO HOME-DELIVERED MEALS
<b>Program Characteristics</b>		
18. The SUA [administers/does not administer] a state funded HCBS program that includes home-delivered meals.	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect. The SUA [administers/does not administer] a state funded HCBS program that includes home-delivered meals.
<b>Medicaid Waiver</b>		
19. The state offers the following nutrition services in Medicaid HCBS: Home delivered meals Nutrition supplements None of the above	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect. The state offers the following nutrition services in Medicaid HCBS: <input type="checkbox"/> Home delivered meals <input type="checkbox"/> Nutrition supplements <input type="checkbox"/> None of the above