

2011 National Evaluation of Title III-C Nutrition Services  
Local Service Provider (LSP) 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 service through your organization?

|\_|\_|\_|,|\_|\_|\_| PEOPLE RECEIVED ANY SERVICE

Don't know

3. During your most recently completed fiscal year, what was the total, unduplicated number of people who received the following funded in whole or in part by the Older Americans Act (OAA)?

	Older Adults
a. Congregate nutrition services for older adults? .....	_ _ , _ _ _  <input type="checkbox"/> Don't know
b. Home-delivered nutrition services for older adults? ..	_ _ , _ _ _  <input type="checkbox"/> Don't know

**B. SOCIALIZATION ACTIVITIES**

1. During your most recent fiscal year, how many of your congregate nutrition sites offered social activities (through your organization or another organization) in addition to the meal?

|\_|\_|\_| NUMBER OF CONGREGATE SITES

Don't know

2. In a typical week, about how many hours of social activities are available at all congregate sites combined?

|\_|\_|\_| NUMBER OF HOURS/WEEK

Don't know

**C. STAFF AND VOLUNTEERS**

1. During your most recently completed fiscal year, including yourself, how many full-time equivalent **employees** did your organization 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 full-time equivalent employees who worked on the nutrition program (congregate and home-delivered) funded in whole or in part by the OAA were dieticians or state credentialed nutrition professionals?

|\_| NUMBER OF FULL-TIME EQUIVALENT DIETICIANS OR STATE CREDENTIALLED NUTRITION PROFESSIONALS

Don't know

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

Please count each volunteer only once.

	Number
a. Number of volunteers who work exclusively for the congregate nutrition program .....	_ _ , _ _ _  <input type="checkbox"/> Don't know
b. Number of volunteers who work exclusively for the home-delivered nutrition program .....	_ _ , _ _ _  <input type="checkbox"/> Don't know
c. Number of volunteers who work for both the congregate and home-delivered nutrition program ...	_ _ , _ _ _  <input type="checkbox"/> Don't know

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

a. |\_|,|\_|\_|\_|,|\_|\_|\_|

NUMBER OF HOURS FOR THE CONGREGATE NUTRITION PROGRAM

Don't know → GO TO QUESTION 5C

b. |\_|,|\_|\_|\_|,|\_|\_|\_|

NUMBER OF HOURS FOR THE HOME-DELIVERED NUTRITION PROGRAM

Don't know

c. |\_|,|\_|\_|\_|,|\_|\_|\_|

NUMBER OF HOURS FOR CONGREGATE AND HOME-DELIVERED NUTRITION PROGRAMS

Don't know

**D. TARGETING**

1. In the table below, please record the number of your LSP's 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 LSP.

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

2. In the table below, please record the number of your LSP'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 LSP.

Categories:	Number in Home-Delivered Nutrition Program	Don't know	Number in Congregate Nutrition Program	Don't know	Is this a target population?		
					Yes	No	Don't know
a. Impairments in 3 or more Activities of Daily Living.....	_ _ , _ _ _	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"/>			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"/>

**E. PROGRAM RESOURCES**

The next questions concern the total expenditures incurred by your LSP 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 organization?

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

d  Don't know

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

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

d  Don't know

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

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

d  Don't know

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

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

Don't know

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

Funding Sources	Congregate Nutrition Expenditures		Home-Delivered Nutrition Expenditures	
		Don't know		Don't know
Area Agency on Aging .....	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
Other direct federal sources (not through AAA or state) (i.e. grants from USDA, Veterans Affairs, HUD, etc.) .....	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
Other direct state sources .....	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
Other local sources (Including county, city, and other local public sources) .....	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
<b>Private Sources</b>				
a. Non-profit organization (e.g., United Way, 501 3-c) .....	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
b. Private for-profit (e.g., food industry) .....	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
c. Participant contributions .....	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
d. Program income <u>other</u> than participant contributions .....	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
e. Other private sources .....	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
<b>Other (Specify)</b> _____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>