

APPLICATION FOR PROGRAM SUPPORT CONGREGATE DINING PROGRAM (GOLDEN DINERS)

Program Description

The Congregate Meal Program, known in Chicago as the **Golden Diners Program**, is funded through Title III-C of the Older Americans Act. The Congregate Dining Program was established to provide nourishing, well-balanced meals to older adults, and provide them with an opportunity to socialize with their peers in a community setting. Chicago was one of the first cities to participate in this program, thus setting the model for other cities to follow for congregate dining. Today, we serve approximately 3,000 meals a day to approximately 50 sites throughout the City of Chicago. We have taken a leadership role in establishing a widely successful program and we are committed to continuing that success.

The Golden Diners Program, like other programs being funded throughout the country, is designed to create and strengthen social and organizational relationships among the elderly as well as to address the problem of poor nutrition which exists among many older individuals. Nutritious meals and social contact are vital to staying healthy, active and independent. Opportunities for support and recreational activities at the nutrition sites help ensure older adults live independently in their communities by reducing isolation and promoting better health. The Golden Diners Program offers educational, fitness, wellness and recreational activities for seniors as part of the programming offered by the community co-sponsor of the site.

All meals provided at the Congregate sites follow the meal pattern developed by the Illinois Department on Aging and conform to the current Dietary Guidelines for Americans. Meals served to the program participants are approved by Registered Dietitians and prepared by contracted caterers that deliver the meals to the co-sponsoring agency site.

Eligible Participants and Voluntary Contributions

The Older Americans Act requires that all eligible participants are given an opportunity to voluntarily contribute towards their meal.

An eligible participant is:

- individual 60 years of age or older.
- spouses of an eligible participant of any age.
- individual with a disability who resides at home with the eligible participant and accompanies them to the dining site.
- individual with a disability who is under 60 years old, and lives in the housing facility where a Golden Diners site is located. Participants with a disability under 60 years of age can participate only in the building where they live.

Agencies interested in becoming a co-sponsor (host agency) for the Golden Diners Program must complete the **APPLICATION FOR PROGRAM SUPPORT** and the **PROGRAM ACCESSIBILITY SELF - EVALUATION** and submit to aging@cityofchicago.org. Consistent with the Older Americans Act¹, priority consideration will be given to agencies that serve older adults with the greatest social and economic need, with particular attention to low-income minority older adults and low-income older persons with limited English proficiency.

¹Older Americans Act Sec 306(a)(5)(B)

APPLICATION Date _____

1. Complete Legal Title of the Agency:

2. Agency Main Office Address & Contact Information:

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

3. Type of Agency (*place check in appropriate blanks*)

Public Agency _____ For Profit Agency _____

Not-for-Profit Agency _____ Faith based _____

Other (specify) _____

4. Agency's Federal Employer Identification Number:

5. President of Agency _____

6. Person Authorized to Sign for Agency* (*print*)

Name

Title

*If different than Item 5, attach a letter of authorization signed by the President.

7. Director on site _____

8. _____
Signature (Person in Item 5) Date

9. LOCATION OF PROPOSED CONGREGATE DINING SITE

Name _____

Address _____

Ward & Community Area _____

10. LIST THREE (3) CLOSEST CONGREGATE DINING SITES (GOLDEN DINERS SITES).
(See attached list or visit www.cityofchicago.org/fss for list of City's Congregate Dining sites)

11. DESCRIBE THE ADMINISTRATIVE STRUCTURE OF YOUR AGENCY.
Attach to this application the following: A) Table of Organization for the entire agency;
and **B)** A list of the Board of Directors, if applicable.

12. DESCRIBE THE ASSIGNMENT OF STAFF TO BE PROVIDED BY THE APPLICANT FOR SUPERVISION OF THE PROPOSED CONGREGATE DINING SITE. Include the name of the individual who will be responsible for the on site supervision of the program. Also, include a back-up personnel list.

17. SPACE AND EQUIPMENT AVAILABLE

Space Available

Kitchen Area: Size _____ FT. X _____ FT. = _____ Square feet

Dining Area: Size _____ FT. X _____ FT. = _____ Square feet

Equipment Available

Stove: Yes _____ No _____

Refrigerator Yes _____ No _____

Tables: Size _____ No. _____ Size _____ No. _____

Chairs No. _____

Locked Storage Area: Yes _____ No _____

18. CUMMUNICATIONS AVAILABILITY

Internet Connection

Does the site have internet connection in the dining area? Yes _____ No _____

Telephone

Is there a working phone available in the dining area where food would be served?

Yes _____ No _____

19. APPLICANT AGENCY RESOURCES TO BE COMMITTED TO THE OPERATION OF CONGREGATE DINING SITE (Please indicate whether staff time contributed for supervision and/or outreach is funded by private or public funds. If public funds, specify source of support).

Space:

Total sq. ft. allocated to congregate dining site _____ X monthly rental per sq. ft. \$ _____ = \$ _____

Supervision:

Number of staff hours _____ X cost per hour \$ _____ = \$ _____

Funding: Private _____ Public _____

Source: _____

Outreach:

Number of staff hours _____ X cost per hour \$ _____ = \$ _____

Funding: Private _____ Public _____

Source: _____

TOTAL ANNUAL CONTRIBUTION \$ _____

20. ATTACH SITE PARTICIPANT LIST TO APPLICATION. (A minimum of 50 committed participants (75 for senior housing sites) must be ready to support the site and participate on a regular basis.)

Enter the number of days that the meals will be served each week: _____

Estimated number of seniors to be served each day: _____

Will the site target low income, ethnic and/or minority seniors? Yes _____ No _____

If **YES**, please describe: _____

21. LIST NAMES OF VOLUNTEERS OR STAFF WHO WILL SERVE THE FOOD:

22. PLEASE INDICATE IF ANY OF THE INDIVIDUALS WHO WILL BE SERVING THE FOOD HAVE A CURRENT **FOOD SERVICE SANITATION CERTIFICATE** ISSUED BY THE CHICAGO HEALTH DEPARTMENT. If none, then indicate the agency's plan to enroll staff and/or volunteers in a food certification class.

23. AGENCY EXPERIENCE

A.) Describe the applicant agency's experience with the community.

B.) Describe other community-based programs with which the applicant agency has been or is involved.

25. SERVICE REFERENCES

List at least five (5) agencies/organizations for which applicant agency has provided services and/or coordinated with the provision of services. Include the name and address of the agency, along with the name and phone number of a contact person who will provide a reference for the agency.

24. Applying Agency must in compliance with **Section 504 of the Rehabilitation Act of 1973**. The Program Accessibility Self-Evaluation must be completed.
25. PLEASE INCLUDE WITH THIS APPLICATION THE FOLLOWING:
- A letter indicating who is authorized to sign agreements with this Department on behalf of the applicant agency.
 - Certificates of current personal liability and property damage insurance.
 - A letter or statement from the IRS indicating the applicant agency's Federal Identification Number.
 - Participant list. A minimum of 50 participants (75 for senior housing sites) must be committed to attending the dining site on a regular basis before the new site can be considered.

For Office Use Only:

Executive Director, Chicago Area Agency on Aging Date

____ Approved
____ Denied