Menu Plan Template

MENU PLAN – NUTRITION PROGRAM FOR THE ELDERLY

COUNTY: SUFFOLK

SITE: _____

APPROVED BY: _____

SITE MANAGER: _____

DATE/DAY					
MEAT or MEAT ALTERNATE 3 OZ. COOKED EDIBLE PROTEIN					
* VEGETABLES 2 SERVINGS (1/2 cup or equivalent measure) Vit. C daily & Vit A 3x/wk.					
WHOLE GRAIN BREAD or ALTERNATE 2 SERVINGS					
**FRUIT 1 SERVING (1/2 cup or equivalent measure)					
1% or SKIM MILK or MILK ALTERNATE 1 SERVING (1 cup or equivalent measure)					
FAT 1 TEASPOON - (Vegetable Oils)					
DESSERT (DISCRETIONARY)					

***An additional vegetable may be served in place of a fruit.**
****An additional fruit may be served in place of a vegetable.**

Revised 1/11

Nutrient Content Labeling

Standards of the Suffolk County Department of Health Services for the Administration of Section 760-1330 "Food Protection; General Provisions", Subsection 760-1330.2 of Article 13 of the Suffolk County Sanitary Code. (Nutrient Content Labeling)

A. Food service establishments and caterers selling and offering to sell any food product within the County of Suffolk for which any nutrient content claim is made shall provide nutrition labeling information concerning the claimed nutrient on a per-serving basis for that product. Nutrient levels may be determined by nutrient databases, cookbooks, or analyses or by other reasonable basis that verifies the food meets the nutrient requirements for the claim. (See Appendix A – Record Keeping Requirements)

1.) "Nutrient content claim" is a claim that expressly characterizes the level of a nutrient and includes:

a.) Direct statements about the level (or range) of a nutrient, such as "low sodium"; and

b.) Implied claims that suggest that a nutrient is absent or present in a certain amount, such as "high in oat bran", or suggests that the food, because of its nutrient content, may be useful in maintaining healthy dietary practices and includes a claim of statement about a nutrient, such as "healthy, contains 3 grams of fat."

2.) "Serving" shall mean the reference amount customarily consumed per eating occasion by persons 4 years of age or older, as described in the Federal Code of Regulations, Title 21, Chapter I, Part 101, Subpart A, Section 101.12, expressed in a common household measure that is appropriate to the food.

3.) "Common household measure" means cup, tablespoon, teaspoon, piece, slice, fraction, ounce, fluid ounce, or other similar conventional terms.

B. The required nutrition labeling information shall be legibly and clearly displayed at the point of purchase (e.g., on a counter card, sign, tag affixed to the product, or some other appropriate device). Alternatively, the required information may be placed in a booklet, loose-leaf binder, or other appropriate format that is available on request to actual or potential customers. If counter signs or other devices are used, the nutrition labeling information shall appear prominently and conspicuously in lettering of not less than three-quarters of an inch in height on a contrasting background. (See Appendix B – Required Language)

1.) Sodium content claims.

a. If claims such as or similar to "no sodium", "negligible amount of sodium", or "insignificant source of sodium" are used, the food(s) must contain less than 5 milligrams per serving.
b. If claims for sodium content, such as or similar to "very low sodium", or "very low in sodium" are used, the food must contain 35 milligrams or less sodium per serving.
c. If claims for sodium content, such as or similar to "low sodium", "low in sodium", "little sodium", "contains a small amount of sodium", or "low source of sodium" are used, the food must contain 140 milligrams or less of sodium per serving.
d. If claims for sodium content, such as or similar to "reduced sodium", "reduced in sodium", "less sodium", "lower sodium", or "lower in sodium" are used, the food must contain at least 25 percent less sodium than an appropriate reference food.

2.) Fat content claims.

a. If claims for fat content, such as or similar to "fat free", "no fat", or "negligible amount of fat" are used, the food(s) must contain less than 0.5 grams of fat per serving. If claims for specific types of fat are used, such as or similar to "no saturated fat", the food(s) must contain less than 0.5 grams of the specified fat per serving. If claims such as or similar to "no added fat", or "without added fat", or "no fat added" are used, the food(s) must not contain any added fats or any ingredients containing added fats.
b. If claims for fat content, such as or similar to "low fat", "low in fat", "contains a small amount of fat", "low source of fat", or "little fat" are used, the food must contain 3 grams or less of fat per serving.
c. If claims for fat content, such as or similar to "reduced fat". "reduced in fat", "fat reduced", "less fat", "lower fat", or "lower in fat" or similar terms for saturated fat are used, the food must contain at least 25 percent less fat or saturated fat per serving than an appropriate reference food.
d. If "_____% fat free or "____% saturated fat free" claims are made, the food must meet the criteria for "low fat" or "low saturated fat." If 100% fat free or 100% saturated fat free claims are made, the food must meet the criteria for "fat free" or "saturated fat free."

3.) Calorie content claims.

a. If claims for calorie content, such as or similar to "calorie free", "no calories", or "negligible source of calories" are used, the food(s) must contain less than 5 calories per serving.
b. If claims for calorie content, such as or similar to "low calorie", "few calories", "contains a small amount of calories", "low source of calories", or "low in calories" are used, the food must contain 40 or less calories per serving.
c. If claims for calorie content, such as or similar to "reduced calorie", "reduced in calories", "calorie reduced", "fewer calories", "lower calorie", " or "lower in calories" are used, the food must contain at least 25 percent fewer calories per serving than an appropriate reference food.

4.) Sugar content claims

a. If claims for sugar content, such as or similar to "sugar free", "no sugar", "zero sugar", "without sugar", "sugarless", "trivial source of sugar", "negligible source of sugar" or "dietarily insignificant source of sugar" are used, the food(s) must contain less than 0.5 grams of sugars per serving.
b. If claims such as or similar to "no added sugar", "without added sugar", or "no sugar added" are used, the food(s) must not contain any sugars or other ingredients that functionally substitute for sugars, or any ingredients containing added sugars, such as jam, jelly, or concentrated fruit juice.
c. If claims such as or similar to "reduced sugar", "reduced in sugar", "sugar reduced", "less sugar", "lower sugar", or "lower in sugar" are used, the food must contain at least 25 percent less sugar than an appropriate reference food.

5.) "Light" claims

a. If claims such as or similar to "light", or "lite" are used, the food must contain at least 50 percent less fat or at least one-third less calories per serving than customarily consumed when compared to the same size serving of an appropriate reference food.

Appendix A

Record Keeping Requirements for a Food Service Establishment that makes a Nutrient Content Claim

Food service establishments must keep sufficient records to provide the Department upon request, with information on the how the claimed nutrient content was determined and how product preparation conforms to the determination. The type and amount of information necessary to support a claim will vary with the type of establishment, the types of food sold, preparation methods, and the types of claims being made. The following checklist may be helpful:

1. Standardized recipe, including ingredients used and their quantities,
2. Nutrient content data for each ingredient (may include information from the ingredient manufacturer, a reliable data base, or other nutrient information source, or a combination of these; information must include data for the nutrients that are the basis for the claim and may include data for other nutrients,
3. The source of the above data (e.g., the name of the data base, cookbook, etc.),
4. Any assumptions made by the food service operator or any calculations that were performed that may affect the reliability of the data (e.g., combining data sources, assumed nutrient values, replacing generic or average data base values for brands specifically used in the establishment, etc.),
5. Serving size (total weight) of the finished portion,
6. Total amount of nutrient present per serving,
7. Evidence of staff awareness that reasonably consistent ingredient measurement and portion control are necessary for foods bearing a claim (e.g., training materials, observation of preparation methods, etc.),
8. Presence and use of a standard operating procedure identifying essential parameters in the preparation of a food bearing a claim, when the method of preparation could affect the basis for a claim (e.g., the use of skim milk instead of whole milk, broiling instead of frying, the need to measure salt instead of salting to taste, etc.).

Appendix B

Required Language for Nutrient Content Claims

In all instances, the nutrient content claim applies to the amount in one serving. A serving is the amount customarily consumed at one sitting. A serving shall be based on the reference amount described in The Federal Code of Regulations, Title 21, Chapter I, Part 101, Subpart A, Section 101.12. If the portion of food sold contains more than one serving, and this results in the amount of the nutrient in question exceeding the qualifying criteria for one serving, the claim cannot be made.

1. **Fat Free Claims**

If the food meets the criteria for a fat free claim, the nutrition labeling information shall state ***"Contains less than 0.5 g of fat per serving."***

If the food meets the criteria for a saturated fat free claim, the nutrition labeling information shall state ***"Contains less than 0.5 grams of saturated fat and less than 0.5 grams of trans fatty acids per serving."***

2. **Low Fat Claims**

If the food meets the criteria for a low fat claim, (3 grams or less of fat per serving), the nutrition labeling information shall state ***"Contains 3 grams or less of fat per serving."***

If the food meets the criteria for a low saturated fat claim, (1 gram or less of saturated fatty acids per serving and less than 15 percent of calories from saturated fatty acids), the nutrition labeling information shall state ***"Contains 1 g or less of saturated fatty acids and less than 15% of calories from saturated fatty acids."***

3. **Reduced Fat Claims**

If the food meets the criteria for a reduced fat claim (at least 25 percent less fat per serving), the nutrition labeling information must state the percentage of fat by which the fat content is reduced compared to an appropriate reference food; or, the actual number of grams of fat by which the fat content of the food was reduced per serving, as noted in the examples below:

A. "Reduced Fat--50 percent less fat than our regular brownies."
B. "Fat content reduced from 8 g to 4 g per serving."

If the food meets the criteria for a reduced saturated fat claim, (at least 25 percent less saturated fat per serving), the nutrition labeling information must state the percentage of saturated fat by which the fat content is reduced compared to an appropriate reference food; or, the actual number of grams of saturated fat by which the saturated fat content of the food was reduced per serving, as noted in the examples below:

A. ***"Reduced Saturated Fat—50 percent less saturated fat than our regular brownies."***

B. ***"Saturated Fat reduced from 3 grams to 1.5 grams per serving."***

4. **"_____ Percent Fat Free" Claims**

If the term "_____ percent fat free" or similar terms are used, the food shall meet the criteria for "low fat", (3 g or less of fat, or 1 g or less of saturated fat) and state ***"Contains 3 g or less of fat per serving."***

If the term "_____ percent saturated fat free or similar terms are used, the food shall meet the criteria for "low saturated fat" (1 g of less saturated fat per serving and less than 15% of calories from saturated fat) and state ***"Contains 1 g or less of saturated fat per serving and less than 15% of calories from saturated fat."***

If the term "100 percent fat free" or similar terms are used, the food shall meet the criteria for "fat free" and state ***"Contains 0.5 g or less of fat per serving."***

If the term "100 percent saturated fat free" or similar terms are used, the food shall meet the criteria for "saturated fat free" and state ***"Contains 0.5 g of saturated fat and less than 0.5 g trans fatty acid per serving."***

5. **No Sodium Claims**

If the food meets the criteria for a no sodium claim, the nutrition labeling information shall state ***"Contains less than 5 mg per serving."***

6. **Very Low Sodium Claims**

If the food meets the criteria for a very low sodium claim (35 milligrams or less sodium per serving), the nutrition labeling information shall state ***"Contains 35 mg or less sodium per serving."***

7. **Low Sodium Claims**

If the food meets the criteria for a low sodium claim (140 milligrams or less sodium per serving), the nutrition labeling information shall state ***"Contains 140 mg or less sodium per serving."***

8. **Reduced Sodium Claims**

If the food meets the criteria for a reduced sodium claim (at least 25 percent less sodium per serving), the nutrition labeling information shall state ***"Contains ____ percent less sodium than regular _____"***, or ***"Sodium content has been reduced from _____ mg to _____ mg."***

9. **Light (or "Lite") Claims**

If the food meets the criteria for a light (or lite) claim (reduced in fat by at least 50%, reduced in calories by at least 1/3, or reduced in sodium by at least 50%), the nutrition labeling information shall state ***"Contains ____% less fat than regular ____; Contains ____% less calories than regular _____; Contains _____percent less sodium than regular _____,*** or ***Sodium content has been reduced from _____ mg to _____ mg."***

10. **No Calorie Claims**

If the food meets the criteria for a no calorie claim, the nutrition labeling information shall state ***"Contains less than 5 calories per serving."***

11. **Low Calorie Claims**

If the food meets the criteria for a low calorie claim, the nutrition labeling information shall state ***"Contains 40 calories or less per serving."***

12. **Reduced Calorie Claims**

If the food meets the criteria for a reduced calorie claim, the nutrition labeling information shall state ***"Contains ____% fewer calories than regular ____."***; or ***"Calories reduced from _____ to _____ per serving."***

Temperature Logs

HOME DELIVERED MEALS

NUTRITION PROGRAM FOR THE ELDERLY

DAILY TEMPERATURE LOG

WEEK OF TO

SITE:_____

Day	Food Items	Packaging Time	Packaging Temp	Arrival Time at Last House	Temp at Last House	Inititals
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						

Safe Food Handling

(Sample Letter)

COUNTY OF SUFFOLK

Steven Bellone
COUNTY EXECUTIVE

OFFICE FOR THE AGING
Holly S. Rhodes-Teague
DIRECTOR

Dear Program Participant:

In order to protect your health and well-being, we urge you to follow a few simple steps in consuming your meal:

When your meal arrives at your home….please do the following if you are not planning to eat it immediately…….

1. Refrigerate (42 Degrees or lower) all food items immediately or keep frozen.
2. Keep refrigerated or frozen until you are ready to eat.
3. Re-heat hot food items in pre-heated 350 degree oven for a minimum of 20 minutes and heat frozen foods according to directions on packaging.
4. Eat hot foods hot (165 degrees).
5. Eat cold foods cold (42 degrees or lower).
6. Do not eat food that does not taste right.

Thank you,

Sincerely,

Donna M. Ziemba, M.S., R.D., C.D.N.
Nutritionist

H. LEE DENNISON BUILDING ♦ 100 VETERANS MEMORIAL HIGHWAY ♦ P.O. BOX 6100 ♦ HAUPPAUGE, N. Y. 11788-0099 ♦ (631) 853-8200
FAX 853-8225

Food Establishment Self-Inspection

FOOD ESTABLISHMENT SELF-INSPECTION

Suffolk County Department of Health Services	Bureau of Public Health Protection	
Self-inspection report completed by:	Date:	Time:

Note: Items in bold are foodborne illness risk factors or critical violations that should be corrected immediately

S = SATISFACTORY I=IMPROVEMENT REQUIRED C=NEEDS IMMEDIATE CORRECTION

ITEMS	S	I	C	CORRECTIVE ACTION
FOOD RECEIVING & STORAGE				
a) Food items are received from approved sources				
b) Food is wholesome and in good condition				
c) Food is received at proper temperatures				
d) Shellfish tags are maintained for 90 days, and are organized				
e) Food is labeled and stored 6" off the floor				
f) Food storage areas are clean and organized				
COLD STORAGE OF FOOD				
a) Refrigerator temperatures are 41°F or less				Date _____ Temp: ____°F
b) Cold foods are stored and displayed at 41°F or below				Food: _____ Temp: ____°F
c) Frozen foods are stored at 0°F or below				
d) Foods in walk-in refrigerator are covered				
e) Prepared/opened cold TCS foods held more than 24 hours are date marked for no more than 7 days and held ≤ 41°F				
f) Raw eggs, seafood, meat and poultry stored separately or below ready-to-eat foods				
Refrigerators and freezers maintained clean (all interior surfaces)				
FOOD PREPARATION				
a) TCS foods thawed properly (under refrigeration, cold running water, or as part of continuous cooking process)				
b) Food contact surfaces cleaned and sanitized				____ ppm sanitizer _____
c) Fruits and vegetables washed before preparation				
d) Cross-contamination avoided during food preparation				
e) Separate equipment used for raw TCS foods				
f) Hands and equipment washed between tasks				
g) Prepared TCS foods cooled from 140°F to 70°F within 2 hours and to 41°F within additional 4 hours				Temp:____°F/Time: _____ Temp:____°F/Time: _____
h) No bare-hand contact with ready-to-eat food				
i) Unused foods served to customers discarded (except pkgd. foods)				
j) Reduced Oxygen Packaging procedures are pre-approved by SCDHS and procedures are followed				
COOKING & SERVICE				
a) Thermometers are calibrated				
b) Thermometers are used to verify food temperatures				
c) Hot TCS foods held at 140°F or above				
d) Cold TCS foods held at 41°F or below				
e) Time as a public health control (TPHC) – TCS foods cooked, served, or discarded after 4 hours and monitoring followed				
f) Sliced beef, steaks, fish, & eggs to order cooked to 145°F				**Food: _____ Temp: ____°F**
g) Ground meats cooked to 158°F				**Food: _____ Temp: ____°F**
h) Pork cooked to 150°F				**Food: _____ Temp: ____°F**
i) Whole roasts cooked 130°F				**Food: _____ Temp: ____°F**
j) Poultry, stuffed meats/pasta, wild game, TCS foods cooked in a microwave, and prepared TCS foods cooked/reheated to 165°F (reheat using cooking equipment, not hot holding equipment)				**Food: _____ Temp: ____°F**
k) CONSUMER ADVISORY on menu and/or posted				

FOOD ESTABLISHMENT SELF-INSPECTION

S = SATISFACTORY I=IMPROVEMENT REQUIRED C=NEEDS IMMEDIATE CORRECTION

ITEMS	S	I	C	CORRECTIVE ACTION
PERSONNEL				
a) Employees free from illness, infections and uncovered cuts/sores				
b) Certified Food Manager(s) on-site and supervising food staff				Name(s):_____
c) Employees wearing clean clothing and effective hair restraints. Fingernails trimmed and clean. Painted or artificial nails are covered with gloves				
d) Hand wash sinks accessible, in good repair & stocked (soap & paper towels)				
e) Employees wash hands only at hand wash sinks				
f) Employees wash hands before starting work, and after breaks				
g) Employees use good hygiene while handling food				
h) Employees observed washing hands between tasks (handling raw meats, garbage, mop, etc.)				
i) Employees preparing foods are not wearing jewelry on arms or rings except a plain band				
j) Employees do not eat, drink or smoke in food preparation, food service and food storage areas				
FOOD PREP/SERVICE AREAS & EQUIPMENT				
a) All food equipment is clean and in good repair.				
b) Food service sinks are cleaned and sanitized before use.				
c) All food equipment is washed, rinsed and sanitized after use.				
d) Sanitizing rinse at 3-compartment sink is proper concentration Test kits on-site				**___ppm chlorine/quat/iodine**
e) Dishwasher final rinse at proper sanitizer concentration or temperature. Test kit or thermometer present				**___ppm chlorine ____°F**
f) Chemicals are labeled and stored separately from and below food and single service items				
FACILITY				
a) Water from approved source				
b) Hot and cold running water under pressure during all hours of operation				
c) Proper sewage and waste disposal				
d) Proper plumbing for equipment (air gaps at food and ware washing sinks, approved backflow preventers), clean and in good repair				
e) Floors, walls and ceilings clean and in good repair				
f) Restrooms cleaned and stocked: hand soap, paper towels, and waste basket				
g) Effective pest prevention in use – doors and windows closed, no insect or rodent activity observed				
h) Extermination treatment conducted by certified applicator ONLY				
i) Dumpster lids kept closed and dumpster area kept clean				

CONDITIONS THAT MAY REQUIRE IMMEDIATE CLOSURE !!!

NO running water, sewage back-up, no electric power, fire → **IMMEDIATELY NOTIFY THE HEALTH DEPARTMENT (631) 852-5999**

Comments:_____

_____

_____

_____

_____

Suffolk County Department of Health Services
360 Yaphank Ave., Suite 2A
Yaphank, NY 11980
www.suffolkcountyny.gov

Client Release Form

COUNTY OF SUFFOLK

Steven Bellone
COUNTY EXECUTIVE

OFFICE FOR THE AGING
Holly S. Rhodes-Teague
DIRECTOR

Suffolk County Office for the Aging
Applicant/Client Authorization for Release of Information

I, _____,currently residing at
(Name of Applicant/Client)
_____,
(Applicant/Client Address)
hereby authorize_____
(Name of Area Agency, entity or person)
to disclose the following information:_____
(Information needed)
_____,

to_____
(Name of Area Agency, entity or person)
for the following purposes:_____

I understand that this Authorization becomes effective on the date signed below and expires one year from the date of signature. **I understand that I may refuse to sign this Authorization and that my refusal to sign will not affect my eligibility for benefits or my ability to obtain services.** I further understand that the person receiving this confidential information may disclose such information which may affect the protection afforded by federal or state law.

RIGHT TO REVOKE.

I understand that I have the right to revoke this Authorization at any time by sending notification in writing to the Area Agency, entity or person to whom I have granted authority to release the information. I understand that my Revocation will have no effect on information that has been released under this Authorization prior to receipt of my intent to revoke such Authorization.

_____
(Signature of Applicant/Client or Legal Representative) (Date)

_____
(If Legal Representative, description of relationship)

H. LEE DENNISON BUILDING ♦ 100 VETERANS MEMORIAL HIGHWAY ♦ P.O. BOX 6100 ♦ HAUPPAUGE, N. Y. 11788-0099 ♦ (631) 853-8200
FAX 853-8225

COUNTY OF SUFFOLK

Steven Bellone
COUNTY EXECUTIVE

OFFICE FOR THE AGING
Holly S. Rhodes-Teague
DIRECTOR

PERMISSION TO RELEASE INFORMATION

I, _____, CONSENT THAT THE FOLLOWING **INFORMATION BE GIVEN BY THE CASEWORKER/SENIOR ADVOCATE FROM THE SUFFOLK COUNTY OFFICE FOR THE AGING.**

I UNDERSTAND THAT THE PURPOSE FOR ANY INFORMATION GIVEN IS TO ASSIST ME TO OBTAIN SERVICES OR BENEFITS.

THE SPECIFIC INFORMATION TO BE DISCLOSED BY SCOFA IS ___

_____

_____

_____

_____

_____
SIGNATURE

_____

DATE

_____
CASEWORKER/SENIOR ADVOCATE

H. LEE DENNISON BUILDING ♦ 100 VETERANS MEMORIAL HIGHWAY ♦ P.O. BOX 6100 ♦ HAUPPAUGE, N. Y. 11788-0099 ♦ (631) 853-8200
FAX 853-8225

OVER 40 YEARS AS THE DESIGNATED AREA AGENCY ON AGING PROVIDING SERVICES FOR OLDER CITIZENS

Nutritionist Referral Form

SUFFOLK COUNTY OFFICE FOR THE AGING
NUTRITIONIST REFERRAL FORM

Client Name:_____ Telephone Number:_____

Address: _____ Age: _____

_____ NSI: _____

Lives Alone_____ With Family_____ Name and Relationship:_____

Family to be involved with counseling Yes _____ No_____

EISEP or Other Services in Place_____

Medical History

_____

_____

_____

Medications (dose, frequency, reason)

_____

_____

_____

Primary Physician _____ Telephone Number _____

Psychosocial/Economic Information

_____

_____

_____

Emergency Contact_____

Name and Relationship Telephone Number

Presenting Problem/Concerns to be Addressed:

_____

_____

_____

Name of Caseworker/Senior Advocate:_____

Date of Referral:_____

May-14
MB

SUFFOLK COUNTY OFFICE FOR THE AGING
NUTRITIONIST REFERRAL FORM

Client Name:_____ Telephone Number:_____

Address: _____ Age: _____

_____ NSI: _____

Lives Alone_____ With Family_____ Name and Relationship:_____

Family to be involved with counseling Yes _____ No_____

EISEP or Other Services in Place_____

Medical History

_____

_____

_____

Medications (dose, frequency, reason)

_____

_____

_____

Primary Physician _____ Telephone Number _____

Psychosocial/Economic Information

_____

_____

_____

Emergency Contact_____

Name and Relationship Telephone Number

Presenting Problem/Concerns to be Addressed:

_____

_____

_____

Name of Caseworker/Senior Advocate:_____

Date of Referral:_____

cc: Caseworker Supervisor

May-14
MB

Nutritionist Follow-Up Survey

COUNTY OF SUFFOLK

Steven Bellone
COUNTY EXECUTIVE

OFFICE FOR THE AGING
Holly S. Rhodes-Teague
DIRECTOR

Date

Dear

The Suffolk County Office for the Aging is pleased to be of service to you. We hope you are benefiting from the nutrition counseling services received.

Funding for this service is provided by Suffolk County and the New York State Office for the Aging. Federal and State regulations require that all participants be given an opportunity to contribute to the cost of the service. We realize that each person has a unique financial situation. If your self-declared income is at or above 185% of the federal poverty level, suggested contributions equal to the cost of the service are encouraged. If you can afford to and you would like to contribute, please feel free to do so using the enclosed envelope.

Contributions to this service are voluntary and anonymous. Any donation you wish to make will be used to expand the program and will be greatly appreciated. Please be assured that no one is required to make a contribution. Service will not be denied because of inability or unwillingness to contribute.

At this time, I would invite your comments as to the quality of service provided, or suggestions as to how the service could be improved. Kindly return the attached satisfaction survey in the self-addressed stamped envelope enclosed.

Sincerely,

Donna M. Ziemba
Nutritionist

Enc.

H. LEE DENNISON BUILDING ♦ 100 VETERANS MEMORIAL HIGHWAY ♦ P.O. BOX 6100 ♦ HAUPPAUGE, N. Y. 11788-0099
♦ PHONE (631) 853-8200 ♦ FAX (631) 853-8225

NUTRITION COUNSELING SURVEY

Name _____

Date _____

Nutrition Program _____

Problem(s) Addressed _____

	YES	NO
Information provided by nutritionist was useful.	____	____
I am more knowledgeable about my condition and its management.	____	____
I know what to eat for my special needs.	____	____
I am able to make positive changes in my diet.	____	____
Recommendations and suggestions given were suited to my special needs.	____	____
Nutrition services has helped me to maintain my independence.	____	____

Please provide any additional comments regarding the nutrition counseling session.

DZ:dz

H. LEE DENNISON BUILDING ♦ 100 VETERANS MEMORIAL HIGHWAY ♦ P.O. BOX 6100 ♦ HAUPPAUGE, N. Y. 11788-0099
♦ PHONE (631) 853-8200 ♦ FAX (631) 853-8225