

# Proposed Closure Of A Congregate Nutrition Site

**Area 4 Agency on Aging (A4AA) requires this form to be submitted one month prior to the expected closure of a site. Written approval by A4AA is required before the site is closed.**

Provider: \_\_\_\_\_

Proposed date of closure: \_\_\_\_\_

A4AA to complete: date site closed \_\_\_\_\_

Name and Address of site: \_\_\_\_\_

Number of people served daily: \_\_\_\_\_

Are HDM meals sent out from this site?      YES      NO

If YES explain how C-2 participants will continue to get meals \_\_\_\_\_

\_\_\_\_\_

Give rationale for site closure: \_\_\_\_\_

\_\_\_\_\_

Describe the actions that have been taken to avoid the closure: \_\_\_\_\_

\_\_\_\_\_

How will this closure effect your Scope of Service and Budget? \_\_\_\_\_

\_\_\_\_\_

How will this closure effect your target population? \_\_\_\_\_

\_\_\_\_\_

Describe plans for continuing to provide service for participants: \_\_\_\_\_

\_\_\_\_\_

Date this proposal of site closure was discussed with the project council: \_\_\_\_\_

With participants at the site: \_\_\_\_\_

With Board: \_\_\_\_\_

Date the Board approved closure: \_\_\_\_\_

Requested by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

A4AA approval: Program Manager \_\_\_\_\_ Date \_\_\_\_\_

Nutritionist \_\_\_\_\_ Date \_\_\_\_\_

Executive Director \_\_\_\_\_ Date \_\_\_\_\_

Approval sent to provider on: \_\_\_\_\_

Revised 2/02

