



Home-Delivered Meals
Waiver Request
(Waivers are in effect Oct. 1, 2015, to Sept. 30, 2016)

Form with fields: Name of Legal Entity, Signature Authority, Mailing Address, City, State, ZIP, Funding Source, Common Provider, Area Agency on Aging (AAA) Name.

Waiver Area: What areas or locations will the waiver cover?

Empty text box for Waiver Area details.

Meal Delivery:

Meal Delivery questions: How many days per week will the provider deliver meals... How many hot meals... How many frozen meals... How many chilled meals... How will the provider keep food frozen or chilled...

Empty text box for Meal Delivery details.

Contacting Individuals:

Contacting Individuals questions: How many days per week will the provider contact an individual... How many times per week will the provider contact the individual by telephone... How many times per week will the provider contact the individual in person...

Additional Comments:

Empty text box for Additional Comments.

Alternate Meals:

Alternate Meals questions: Give an estimated number of individuals who will receive alternate meals... Are the individuals receiving alternate meals outside of the provider's service area... What is the shortest distance (number of miles) from the meal preparation site to an individual served under the waiver?

Circumstances necessitating this waiver. Select one or more of the following circumstances:

- Insufficient number of volunteers to deliver meals daily
Need to reduce meal preparation costs
Transportation costs are too high
Personnel costs
Other

Explanation: Give an explanation if Other was selected above.

Empty text box for Explanation.

Describe how the provider will ensure delivery of alternate meals to an individual who is not home on a scheduled delivery day.

Empty text box for provider description.

Assurances

In submitting this waiver description to the Texas Department of Aging and Disability Services (DADS), Access and Intake Division, the entity requesting this waiver assures continuing compliance under the waiver with the following requirements.

1. If a common provider, the waived service description is the same for all funding sources — Title III and Title XX.
2. The home-delivered meals provider has established policies and procedures to ensure:
 - a. The provider does not deny services to an individual eligible for home-delivered meals on the basis of the individual's inability to safely store and prepare a frozen or shelf-stable meal.
 - b. Significant changes in an individual's physical or mental condition or environment are reported per Texas Administrative Code (TAC), Title 40, Part 1, Chapter 55, §55.29 and Chapter 85, Subchapter D, §85.302(n)(1)(D)(iii).
 - c. The provider and every individual affected by the waiver has sanitary and safe conditions for storage, thawing and preparation of the meal [40 TAC §55.21(1), §85.302(k)(1) and §85.302(n)(1)(D)(i)].
 - d. The meal can be safely handled by an individual affected by the waiver, or by another available person if the individual is unable to do so [40 TAC §55.21(2) and §85.302(k)(2)].
 - e. The provider safely packages and transports all frozen meals [40 TAC §55.23 and §85.302(l)-(m)].
 - f. The provider complies with Texas Department of State Health Services rules under TAC, Title 25, Part 1, Chapter 229, Subchapter K, Texas Food Establishments, to ensure all potentially hazardous foods are: properly frozen and stored [25 TAC §229.164(l) and (o)]; prepared, stored and clearly marked using calendar dates [25 TAC §229.164(o)(6)]; cooled quickly within two hours to 70 degrees Fahrenheit, and to 41 degrees Fahrenheit in an additional four hours, not to exceed a total of six hours [25 TAC §229.164(o)(4)(A) and (B)]; and remain frozen until ready for the thawing or cooking process [25 TAC §229.164(o)(1)-(3)].
3. In the event an individual becomes ineligible for the Home-Delivered Meals program for any reason (that is, loss of eligibility, relocation, nursing home placement, death) and the provider has requested payment for meals delivered past the date of the individual's ineligibility, the provider will reimburse the AAA or DADS for all such meals for which the provider has received payment.

Name of Legal Entity

Printed/Typed Name — Signature Authority

Signature — Signature Authority

Date