



JEFFERSON COUNTY OFFICE FOR THE AGING

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Community Meal Site Survey

| Survey Questions | Yes | No |
|---|-----|----|
| 1.) Is there a need for a senior meal site in your community? | | |
| 2.) Do you currently attend a senior meal site? | | |
| 3.) Would you attend a senior meal site if one would be near you? | | |
| 4.) Would you need transportation to the site? | | |
| 5.) Do you live in a low-income or subsidized housing? | | |
| 6.) Do you live in a rural community? | | |

Please provide your information in the spaces provided below.

| | |
|----------|---------------|
| Name: | Phone Number: |
| Address: | |

Thank you so much for helping to meet our community's nutritional needs!