



# 2021-2022 COMMUNITY HEALTH CONTRACT (CHC) Q2 GRANT IMPACT REPORT

**Organization Name** Fallbrook Senior Citizens Service Club

**Program Name** Home Delivered Meal Program

**Person submitting the impact report** Susie Gonsalves Director

**Ages: List the percentages of your program participants' ages who received services during this reporting time frame.**

	Percentage served	Total Number Served
Children (infants to 12)		
Young Adults (13-18)		
Adults (18-60)		
Seniors (60+)	100	
Unknown		

**Gender: List the percentages of your program participants' gender identification who received services during this reporting time frame.**

	Percentage served	Total Number Served
Female	63	
Male	37	
Non-binary		
Unknown		

**Income: List the percentages of your program participants' income limit category of those who received services during this reporting timeframe (2019 HUD – AMI Incomelimits:4person family).**

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)		
Very Low (50%0 Income (ceiling of \$53,500)		
Low (80%) Income (ceiling of \$85,600)		

	Percentage Served	Total Number Served
Higher than listed limits		
Unknown	100	

How many District residents directly benefited (participant/client) from this program: 60

## GOALS & OBJECTIVES

**Goal 1 & Objectives: From your application, please provide your measurable outcomes for each of your stated objectives.**

Goal 1 Statement: The primary goal of the Home Delivered Program is to alleviate food insecurity by providing hot, freshly prepared nutritious meals daily to homebound seniors in the greater Fallbrook area, who otherwise would not have regular access to such meals.

To meet the stated goal, The Fallbrook Senior Center has provide approximately 60 meals each day, five days a week, at no cost to seniors (60+), including delivery direct to client homes in the Fallbrook regional area. Meals provided were substantial, hot and nutritious, meeting the strict dietary guidelines established by the San Diego county AIS and based on the specific nutritional needs of seniors. Menu plans, food preparation and meal delivery successfully passed all the San Diego County inspections conducted during the 2nd quarter, thus ensuring that all clients served received one third of their daily nutritional needs. During the 2nd quarter 3,313 meals were delivered to home bound seniors and 60 residents of the Health District directly benefited from the Home Delivered Meal Program.

**Goal 2 & Objectives: From your application, please provide your measurable outcomes for each of your stated objectives.**

N/A

## PARTICIPANT SUCCESS STORY

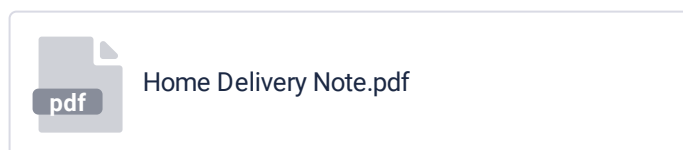
**Participant Success Story:**

Thank you for helping us as we are going through difficult times. Our home was completely destroyed in the Bobcat wildfire. We had lived in it for over 40 years

My wife and I appreciate our daily meal deliveries from David who is always prompt, courteous, and cheerful.

Sincerely,  
Maury V.

**Participant Success Story:**



## ACKNOWLEDGEMENT

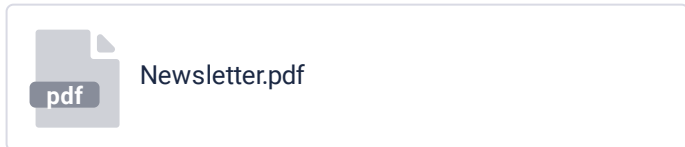
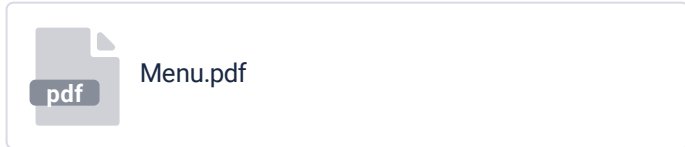
Please describe how the Fallbrook Regional Health District's investment in this program was

**acknowledged during this reporting timeframe.**

The Fallbrook Regional Health District logo is listed under our Supporters and Partnerships category in our monthly newsletter, The Senior Center Chronicle. The FRHD logo is also on our monthly menu page. The senior Center Chronicle is distributed to close to 400 members every month. We also handed out the Chronicle at our Special Events: Holiday movie at the Mission Theater, Calendar Girl movie at the Mission Theater and International Film night. That was an additional 100 Chronicles distributed. Total outreach for the 2nd quarter was 1300 newsletters distributed.

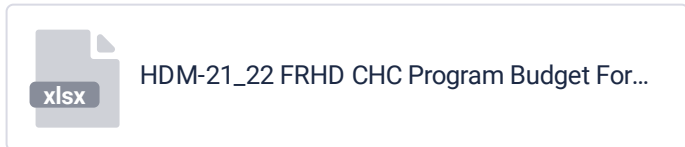
The FRHD logo is also prominently displayed on our website under About Us - Supporters

**Acknowledgment example: please upload an example of one method in which the District was acknowledged.**



## **BUDGET**

**Please upload a copy of the program budget you submitted with the application, with an additional column demonstrating the current utilization of grant funds.**



**Please explain any significant differences in budget or services during this quarter. What if any changes were made to address programming challenges.**

There was no significant differences in the budget or the services that we provided during this quarter.

**Please sign your form:**

A handwritten signature in black ink, appearing to read 'Mina Dant'.