Share Your Work, Celebrating the Senior Nutrition Program

Tell us how your Older Adult Nutrition Program is making a difference for older adults in your community. Complete this form and email it to CDANutritionandHealthPromotion@aging.ca.gov. You may complete and submit this form more than once, so you can share as many successes, accomplishments, and achievements as you like.

Area Agency on Aging (AAA) Name and Number:
Service Provider Name (if applicable):
Site/Center Name:
Site/Center Full Address:
Program/Service (check all that apply): Congregate Meals Home Delivered Meals Socialization Nutrition Education Other (please explain):
Activity conducted: Pre-COVID-19/Standard Operations In response to COVID-19
Please provide a detailed description including goals and outcomes of the activity (1500-word max):

Have a photo(s) or video(s)? Please submit that too! **Note**: For CDA to use the photo(s)/video(s) submitted, we must have a completed media release form (see next page). For each person(s) featured in the photo(s) or video(s) a copy of their release form must also be submitted. All photos must be high-resolution (preferably JPEG format) and video should be in file formats compatible with Windows.



PHOTO RELEASE FORM

Event/activity name:

Approximate date of event/activity (M/D/YYYY):
Location of event/activity:
I agree to allow the California Department of Aging (CDA), its representatives, and employees to use my photograph, video and/or story in connection with its promotion of the Senior Nutrition Program. I authorize CDA to use and publish the same in print and/or by electronic means, with or without my name and for any lawful purpose, including publicity, illustration, advertising, and web content. I understand my story and likeness will not be sold or used in ways not described by this release, and that I have the right to revoke the permission granted by this release at any time.
and the transfer to revente the permission granted by the release at any time.
Signature:
Printed name:
Title/Position:
AAA Name and Number:
Service Provider Name (if Applicable):
Email address:
Date (M/D/YYYY):