**Request for Restaurant Voucher Program (RVP) Approval Form**

A contracted nutrition agency (agency) may develop a program for issuing vouchers that are redeemable for meals consumed at or provided by a restaurant, café or other food service establishment (FSE) after receiving approval from the Bureau of Elderly and Adult Services (BEAS). The agency must meet the BEAS RVP Standards when implementing a RVP.

***Instructions:*** Reference the BEAS RVP Standards to complete this form. Provide specific information and include as much detail as possible. Once completed, submit to BEAS Nutrition Consultant or their designee for review and approval. Agency Resources and Agency Policies are required only under the following conditions:

1. As part of agency’s initial request to be approved as an RVP provider.
2. Agency shall notify BEAS of changes to information contained within Agency Resources and Agency Policies. The Agency only needs to provide information from the section(s) of the policy or resources that are applicable to the proposed changes. Note: Approval is not required from BEAS for changes to RVP site location(s), however, as with all congregate dining site openings & closures, BEAS must be notified within 30 days prior to site opening/closure.

**Symbol** is provided as a method of check off for the agency to ensure required documents are attached/included with submission of approval form.

Completion of this form initiates the agency submission process for RVP approval. In order to receive approval for a FSE(s) to participate in an agency’s RVP a *Request for Food Service Establishment (FSE) Approval Form* (BEAS 3046-FSE) must also be submitted to BEAS as part of agency’s initial submission and must be completed separately for each FSE.

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| **Agency name and county/service area:** |  |
| **Agency Director and/or designee(s):** |  |
| **Director and/or designee’s Phone Number(s):** |  |
| **Director and/or designee’s Email(s):** |  |
| **Agency Registered Dietitian Nutritionist (RDN) and/or Individual of Comparable Expertise (ICE\*):** |  |
| **RDN or ICE Phone Number(s):** |  |
| **RDN or ICE Email(s):** |  |

**Agency Resources**

1. Explain why a voucher program is needed (include participant surveys, listening sessions, service area demographics, financial or other reporting, etc. that support need and benefit of a voucher program).

Click or tap here to enter text.

1. Will the voucher program be implemented in a new dining site location? Yes or No.

If yes, indicate why a new dining site is needed and that the agency has sufficient resources to support a new dining site. Click or tap here to enter text.

1. Will an existing dining site(s) close or reduce days of service when the voucher program is implemented? Site(s) closure: Yes or No. Reduce days of service: Yes or No.

If yes, agency will submit/include on agency letterhead details of the program plan outlining the proposed dining site closure(s) and/or changes to days of service to BEAS. Plan must include:

1. Impact on area participants served by closing/reducing days of service at the dining site;
2. Communication for notify participants in advance of closure/service reduction; and
3. How impacted participants will be made aware of alternative dining sites/services.

**attached agency plan, if applicable**

1. Does your agency have a RDN/ICE available to provide consultation for development and review/approval of RVP menus? Yes or No. Click or tap here to enter text.

**Agency Policies should include the following content: (attach policies that address 1-15). Content below may be combined or individualized during policy development.**

1. How the voucher program will be advertised to eligible participants. Include/attach proposed outreach and advertising materials, including website, social media, hard copy, and other.

**attached policy  attached materials**

1. How the agency will share these materials with the FSE for their review and input.

**attached**

1. How the agency will educate program participants on nutrition and wellness and/or support their awareness/access to other older adult services offered by the agency and local area services.

**attached**

1. How and where participants register for the voucher program. Explain the process in detail and attach registration materials/packet (i.e. registration form; voucher order form (if applicable); voucher program guidelines; list of participating FSEs and their RVP menus; agency’s sites for meals, services and activities.

**attached policy  attached materials**

1. How participants will receive vouchers (include all options such as mail, web page down load, pick up at agency office, same day availability, etc. Attach sample voucher, include web site/online, hard copy, etc.)

**attached policy**  **attached voucher(s)**

1. Maximum number of vouchers an eligible participant can receive at one time/per week/per month (BEAS recommends up to 22 vouchers per month; or 1 meal per day, 5 days per week; however actual maximum number of vouchers per participant and timeframe may be determined by the agency and will be reviewed by BEAS).

**attached**

1. How long vouchers will be valid. (BEAS recommends voucher valid for no more than 30 days).

**attached**

1. How participants will redeem their vouchers. Outline the process in detail, and include: how FSE will ensure that the individual redeeming the voucher is an eligible participant and that the participant does not redeem more than one voucher per visit; how the FSE will track which vouchers were redeemed (by participant); and how often usage will be reported to the agency.

**attached**

1. How misuse of vouchers by participants and the FSE will be addressed. Include details about how the agency will ensure that vouchers cannot be easily duplicated by participants or the FSE (i.e. use of a watermark); how the agency will ensure that invalid/expired vouchers are not accepted; and in the event that an expired/invalid voucher is accepted how the nutrition program will handle the event.

**attached**

1. How contributions/donations made by program participants will be kept confidential.

**attached**

1. How voluntary contributions/donations will be collected from voucher program participants and be consistent with agency policy and New Hampshire DHHS Nutrition Services Contract provision of client donations and fees. Explanation must include agency process and address potential issue of refunds. Example: due to meal didn’t meet participant expectation, didn’t/unable to use voucher within allowable/valid timeframe/prior to expiration, etc.

**attached**

1. How the FSE will ensure that participants are aware of polices regarding carryout meals and leftovers.

**attached**

1. If participants want to order items that are not on the agency RVP menu such as appetizers, beverages, or substitutions how this will be handled? And, how this will be communicated to participants and the FSE/staff. Example: vegetable participant wants/orders is not part of the RVP meal nor is it on the voucher menu substitution or options list (as applicable)?

**attached**

1. Transportation options that will be available for RVP and non RVP participants. Careful consideration and planning of this option has the potential to support socializing. Example: Scheduling monthly group transportation for participants to and from agency site and FSE?

**attached**

In addition to completing this form, the agency must also submit at least one completed BEAS 3046 FSE *Request for* *Food Service Establishment (FSE) Approval Form*. You must submit a BEAS 3046 FSE *Request for Food Service Establishment Approval Form* for each FSE that is to participate in the RVP.

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| **SIGNED** |  |  | **Date:** | Click or tap to enter a date. |
|  | (Program Director) |  |  |  |

**Date reviewed and approved by Board of Directors or other Governing Body (if applicable)**: Click or tap to enter a date.

**Comments:** Click or tap here to enter text.

**To be completed by BEAS**

Reviewed by: Click or tap here to enter text. Date: Click or tap to enter a date.

Reviewed by: Click or tap here to enter text. Date: Click or tap to enter a date.

Comments: Click or tap here to enter text.

Approved Declined