**Request for Food Service Establishment (FSE) 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 FSE after receiving approval from the Bureau of Elderly and Adult Services (BEAS). The agency must meet the BEAS Restaurant Voucher Program (RVP) Standards when implementing a RVP.

**Instructions** Complete this form for *each* FSE that plans to participate in the voucher program. A *Request for Restaurant Voucher Program (RVP) Approval Form (BEAS 3045 RVP)* must accompany this form or have been previously submitted to BEAS Nutrition Consultant or their designee.

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

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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):** |  |

**Restaurant/Food Service Establishment**

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| --- | --- |
| **Food Service Establishment** | |
| **Food Service Establishment Name:** |  |
| **Address:** |  |
| **County:** |  |
| **Owner/Contact Person:** |  |
| **Phone Number(s) and email(s):** |  |

1. Explain your process and reasons for selecting this location as a senior congregate dining site and/or home delivered (Grab-n-Go) meal provider. Include the following:

Food Service Establishment

* 1. Is the FSE located in an area of the county or service area where there are limited options available for food or nutritious/culturally sensitive meals? Yes or No.
  2. Please explain: Are there a sufficient number of older adults in this area who could participate? Yes or No. Please explain: Click or tap here to enter text.
  3. Is there adequate interest from older adults in the community in this location? Yes or No.Please explain (Include any information from surveys, focus groups, listening sessions, etc. for justification): Click or tap here to enter text.

1. Which days and times will the FSE serve voucher program participants?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|  |  |  |  |  |  |  |  |
| Time: | Sun Times | M Times. | T Times. | W Times. | Th Time | F Times | Sat Times. |

Provide information regarding specifics of dine-in and Grab-n-go (take-out) such as: limitations, exclusions, special provisions (such as “early bird” program or function room events).

1. Is the FSE(s) open to the public and will eligible individuals feel represented and welcome to attend (Examples: senior housing authority, American Legion hall/VFW hall where membership is not required but participants may feel obliged)? Yes or No.What measures, as applicable, have or will be taken to ensure this? Click or tap here to enter text.
2. Has the agency verified that the FSE’s licenses and certification requirements as required by federal, state, and/or local laws and rules are current?Yes or No. How has this been initially verified and what is the plan (including timelines) on how agency will verify ongoing licensure/certification? Click or tap here to enter text.
3. Is the FSE accessible to older adults and persons with disability?Yes or No. If no, explain the process for informing voucher participants (as needed) of dining site/parking limitations. Click or tap here to enter text.
4. Does the FSE have emergency evacuation/preparedness procedures in place that can accommodate an older adult population? Yes or No. How is this confirmed? Click or tap here to enter text.
5. Will the FSE allow agency staff and BEAS staff to tour the food preparation and storage areas of the food service establishment? Yes or No. Please list any limitations or exclusions and explain. Click or tap here to enter text.
6. How many diners can the FSE accommodate at one time (maximum occupancy) Click or tap here to enter text. Are there any limitations/specifications as to:
   1. The number of RVP participants allowed at any given time? Yes or No. If yes, please explain. Click or tap here to enter text.
   2. Where RVP participants are seated? Yes or No.If yes, please explain. Click or tap here to enter text.
7. Will the FSE also provide grab-n-go (take-out) meals to eligible RVP participants? Yes or No. If no, how will home delivered meals be provided to eligible participants in the area? Click or tap here to enter text.
8. What is the plan in the case of a FSE closure or change in hours of operation due to local, statewide, or Federal Emergency; inclement weather conditions; or other reason [Include responsibilities/expectations of both the agency and FSEt and include communication plan for participants]? Click or tap here to enter text.
9. What is the established plan for advance notification of FSE’s termination of provision of service(s)? Provide details of this plan including:
   1. How many days advanced notice is expected? Click or tap here to enter text. *A minimum of 30 days must be observed.*
   2. How information will be shared with RVP participants? Click or tap here to enter text.

**Nutrition Standards**

1. Is the FSE capable of providing at least one meal per day that meets agency nutrition standards (1/3 Dietary Reference Intakes and compliance with the most recent Dietary Guidelines for Americans) for menu approval? Yes or No. If there are any concerns, please explain. Click or tap here to enter text.

Explain how the agency and FSE will coordinate to create and approve RVP menus. Once created, describe procedure for communicating menu changes and substitutions (between agency, dietitian/ICE and FSE). Click or tap here to enter text.

1. Provide BEAS with agency/FSE RVP menus by attaching/including menus approved and signed by the agency dietitian or ICE.

**attached RVP menus**

**Payment for Meals**

1. Have the agency and FSE agreed on a per-meal cost/ reimbursement rate for each voucher redeemed? Yes or No. If so, what is the agreed-upon rate? Click or tap here to enter text.
2. What is included in the per-meal cost/voucher reimbursement rate [Be specific and include meal items such as: allowed meal item substitutions, meal options, beverage, dessert, supplies, labor, gratuity/tips for wait staff, etc.]? Click or tap here to enter text.

How will the FSE document for the agency that approved RVP meal/food items were provided to the participant [Examples: Verify via food item receipt attached to the participant’s voucher; provide meals as listed on RVP menu without substitutions unless approved by agency dietitian/ICE]? Click or tap here to enter text.

How often will the FSE bill the agency for meals? Click or tap here to enter text.

**Training**

1. When and how will the training needs of FSE staff be assessed? Click or tap here to enter text.

Based upon this assessment when and how will initial and follow up training be provided to FSE staff: Which may include but not limited to:

1. Meal/Nutrition Standards (Examples: meal pattern and component requirements, portion sizes, approved RVP menu/meal items)? Click or tap here to enter text.
2. Agency Policies (Examples: voluntary contributions & confidentiality, carry-out meals, meal leftovers, etc.)? Click or tap here to enter text.
3. Voucher Program Policies (Examples: registration, voucher redemption, outreach materials/flyers, etc.)? Click or tap here to enter text.
4. Food Safety for Older Adults Click or tap here to enter text.
5. Are there other identified qualifications or trainings that FSE staff need/should have? Yes or No. If yes, what are they and how will they be addressed? Click or tap here to enter text.

**Monitoring**

1. What is the plan to ensure the agency director and/or designee(s), will make bi-monthly or other frequency (as determined necessary/appropriate by the agency and is not less than RVP standards) monitoring visits to each participating FSE during the first six months of implementation? Click or tap here to enter text.
2. After six months of implementation:
   1. How often will the nutrition director and/or designee monitor the FSE (at least annually is required)? Click or tap here to enter text.
   2. How will monitoring be documented? Click or tap here to enter text.
3. Outline procedure/method(s) for evaluating RVP/FSE service delivery, program quality, and participant satisfaction. Click or tap here to enter text.
4. Explain any other processes in place to evaluate the arrangement with the FSE. Click or tap here to enter text.
5. Once the initial RVP menus, for each FSE, are provided to and reviewed by BEAS the agency will continue to submit RVP menus as part of their quarterly menu submissions. A lesser frequency may be requested from and approved by BEAS. If a lesser frequency is desired please provide reasoning and include how/if changes related to seasonal changes and holidays will be submitted/communicated to participants and BEAS. Click or tap here to enter text.

**Include, as part of the submission for approval, a copy of the written agreement between the agency and the participating FSE to BEAS for review.**

**attached written agreement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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