**Request for Voucher Program Approval Form**

A nutrition program may develop a program for issuing vouchers or coupons which are redeemable for meals at a restaurant, café or other food service establishment after receiving approval from the AAA and BADR. Sections XX of Chapter 8 of the *Manual of Policies and Procedures for the Wisconsin Aging Network* outline standards that must be met when implementing voucher programs.

**Instructions:** Please complete the form with as much detail as possible and submit to the AAA and BADR for review and approval. If more than one voucher program location is being proposed, please complete one form for each location.

**County/Tribal Aging Unit and/or ADRC:**

**Nutrition Director:**

**Phone Number:**

**Email:**

**Program Nutritionist (if different):**

**Phone Number:**

**Email:**

**Nutrition Program Resources**

1. How many hours per week does the ***nutrition director*** dedicate to administering the nutrition program? (a full-time nutrition director is required, Section 8.2.1)
2. Is the nutrition director also a qualified ***program nutritionist***? (services of a qualified dietitian or nutritionist are required, Section 8.2.3)
3. How many hours per week does the ***program nutritionist*** work for the nutrition program? (**at least** four hours per week is required, Section 8.6.5.5.1)
4. Will the ***program nutritionist*** work additional hours when the voucher program is being planned or implemented? If so, please explain.
5. Explain why a voucher program is needed.
6. Will the voucher program be implemented in a new dining center location? If so, indicate why a new dining center is needed and if the nutrition program has sufficient resources to support a new dining center.
7. Will an existing dining center(s) close or reduce days of service when the voucher program is implemented? If yes, please submit a **Dining Center Closure or Days of Service Change Form** to the AAA and BADR.

**Food Service Establishments**

1. Please complete the following information for each food service establishment that plans to participate in the voucher program:

**Food Service Establishment Name:**

**Address:**

**City:**

**Owner/Contact Person:**

**Phone Number:**

1. Explain your process and reasons for selecting this location as a senior dining center. Is the food service establishment located in an area of the county or tribe where there are limited options available for food or nutritious meals? Are there a sufficient number of older adults in this area who could participate? Is there adequate interest from older adults in the community in this location? Include any information from surveys, focus groups, listening sessions, etc. for justification.
2. Which days and times will the food service establishment serve voucher program participants?
3. Is the food service establishment open to the public and eligible individuals feel welcome to attend?
4. Is the food service establishment licensed and regularly inspected by the local public health department? Please attach a copy of the most recent inspection results.
5. Does the food service establishment meet accessibility requirements (Section XX)? If not, explain the plan for meeting requirements including when requirements will be met.
6. Does the food service establishment have appropriate parking?
7. Does the food service establishment have appropriate emergency preparedness procedures in place that can accommodate an older adult population?
8. Will the food service establishment allow nutrition program staff to inspect the food preparation and storage areas of the food service establishment?
9. How many diners can the food service establishment accommodate at one time?
10. Will the food service establishment also provide home delivered meals? If not, how will home delivered meals be provided to eligible participants in the area?

**Nutrition Standards**

1. Have the food service establishment staff been educated on meal standards (including meal pattern and component requirements and portion sizes)?
2. Is the food service establishment capable of providing at least one meal that meets nutrition program standards (1/3 DRI and compliance with Dietary Guidelines for Americans)? If there are any concerns, please explain.
3. Explain how the nutrition program and food service establishment will coordinate to create and approve menus and/or food choices available to program participants before they are offered. What will the procedure be for communicating menu changes and substitutions?
4. How will menus and/or food choices be advertised/offered to voucher participants?
5. When available, share menus that will be offered as part of the nutrition program.

**Nutrition Program Policies**

1. How will the voucher program be advertised to eligible participants? Please share proposed outreach and informational materials.
2. Have you shared these materials with the food service establishment for review and input?
3. Explain how the nutrition program will educate program participants on or provide them with access to other aging services offered by the aging unit.
4. How and where will participants register for the voucher program? Where will registration materials be available to participants? Explain the process in detail and share examples of written registration materials (i.e. registration form).
5. What is the maximum number of vouchers an eligible participant can receive per month? (policy permits up to 22)
6. How long will vouchers be valid? (policy permits up to one year)
7. When will updated registration materials and new vouchers be made available for participants for the upcoming year?
8. Explain how participants will receive their vouchers. Will participants receive vouchers via mail? Will they be available for pick up at the aging office? Share an example of a voucher order form and guidelines that will be shared with program participants on how to obtain vouchers.
9. Explain how voluntary contributions will be collected from program participants.
10. Explain how contributions made by program participants will be kept confidential.
11. How will participants redeem their vouchers? Explain the process in detail, including how the food service establishment 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. Also explain how the food service establishment will track which vouchers were redeemed (by participant) and how often usage will be reported to the nutrition program.
12. Please describe the local policy in place that addresses how misuse of vouchers by both participants and the food service establishment will be addressed. Include details about how the nutrition program will ensure that vouchers cannot be easily duplicated by participants or the food service establishment (i.e. use of a watermark) and how the nutrition program will ensure that invalid/expired vouchers are not accepted.
13. Has the food service establishment been educated on carryout meal and leftovers policies?
14. How will the food service establishment ensure that participants are aware of polices regarding carryout meals and leftovers?
15. If participants want to order items that are not on the nutrition program menu or additional food/beverages, how will this be handled?
16. How will nutrition education be provided to voucher participants?
17. What types of transportation options will be available for older adults who cannot drive to the food service establishment for meals?

**Payment for Meals**

1. Have the nutrition program and the food service establishment agreed on a per-meal cost or reimbursement rate for each voucher redeemed? If so, what is the agreed-upon cost?
2. What is included in the meal cost (i.e. food, supplies, labor, tips for waitstaff, etc.)? (tips for waitstaff must be included per policy)
3. How will the food service establishment document for the nutrition program that approved meal/food items were provided to the participant? (i.e. documented on a receipt and attached to the participant’s voucher)
4. How often will the food service establishment bill the nutrition program for meals?

**Training**

1. When will initial training be provided to food service establishment staff on:

**Meal Standards:**

**Nutrition Program Policies (contributions, carryouts, leftovers, etc.):**

**Voucher Program Policies:**

**Food Safety for Older Adults:**

**Red Flags in Participants’ Well-Being:**

1. Are there other qualifications that food service staff in the establishment should have?

**Monitoring**

1. How often will the nutrition director make monitoring visits to each participating food service establishment during the first six months of implementation? (monthly is required)
2. After six months of implementation, how often will the nutrition director make monitoring visits to each participating food service establishment? (quarterly is required)
3. Explain any other processes in place to evaluate the arrangement with the food service establishment.

Please share a copy of the written agreement between the nutrition program and each participating food service establishment to the AAA for review.

This information must be included in your county/tribal plan as an amendment to the current county/tribe plan and submitted to the Area Agency on Aging and the Bureau on Aging and Disability Resources for review and approval.

**SIGNED: Date:**

(County/Tribal Nutrition Director)

**Date reviewed and approved by your Governing Body**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments:**

**Date reviewed and approved by your Nutrition Advisory Council:** \_\_\_\_\_\_\_\_\_\_\_\_

**Comments:**

**To be completed by the Area Agency on Aging Staff in your region**

Reviewed by: Date:

Comments:

Approved Declined

**To be completed by BADR**

Reviewed by: Date:

Comments:

Approved Declined