

Food Services

Name of Licensed Home: _____ Date: _____

Do you like your meals/food on the menu? _____

Are there other foods/meals you would like to eat/have on the menu?

Actions and/or decisions: _____

Completed by: _____ Date: _____

Area Coordinator: _____ Date: _____
(Agency Representative)

Binder(s):	Adult Services	Page:	1 of 2
Section(s):	PCP	A	Sept 6/18
Program Area(s):	Adult Disability		

Work Instructions – Food Services

1. When a client or family member makes a request regarding food services it will be recorded on this form.
2. The employee who is engaged in the discussion with the client and/or family member (at a House Meeting or any other time) will document the relevant information on this form and forward it to the Agency Representative (Area Coordinator) for review.
3. This form is not used for day to day food choice items. An example for the use of this form might be a request for a cultural dish (cabbage rolls) that is not offered as a choice on the menu.
4. Any actions taken or decisions made are to be recorded under actions and/or decisions. If further actions are required the Agency Representative (Area Coordinator) will review the request and any other relevant information prior to making a decision.
5. All follow up for food requests will be reviewed at the next House Meeting.

Binder(s):	Adult Services	Page:	2 of 2
Section(s):	PCP	A	Sept 6/18
Program Area(s):	Adult Disability		