

<b>TITLE:</b> Food Bank/Home Delivered Meals Service Standards <b>PROGRAM:</b> Ryan White Part B <b>SECTION:</b> SUPPORT Services	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Reviewed	<b>DATE:</b> 8/6/19
<b>Executive Sponsor:</b> Utah Department of Health <b>Policy Owner:</b> RWB Client Services Coordinator <b>Approved by:</b> RWB Client Services Manager	<b>ORIGINATION DATE:</b> 8/6/2019	

### SERVICE CATEGORY DEFINITION

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Standard	Measure
<b>Key Service Components and Activities</b>	
Contractor ensures locations, where the gift cards are accepted, are open six or more days each week, and eight or more hours each day	List of locations where cards are accepted
The Program sends gift cards via Certified mail	Certified Mail Receipt
Contractor provides food vouchers and/or activated gift cards per orders received	Receipt of: <ul style="list-style-type: none"> <li>● Food Vouchers</li> <li>● Electronic file contains each individual gift card number</li> </ul>
<b>Assessment and Service Plan</b>	
Medical team conducts a food voucher needs assessment which includes: <ul style="list-style-type: none"> <li>● Food Voucher plan, which includes a SMART Goal and action plan</li> <li>● Food Voucher amount requested</li> <li>● Disbursement amount received</li> <li>● Reassessment frequency</li> </ul>	<ul style="list-style-type: none"> <li>● Documentation of food voucher needs assessment and plan in client file.</li> <li>● Documentation of service referral in client file</li> <li>● Receipt of Food Voucher Assistance Request Form</li> </ul>
<b>Cultural and Linguistic Competency</b>	
Request forms are available in English and Spanish	Request forms
<b>See Universal Standards</b>	
<ul style="list-style-type: none"> <li>● Case Closure</li> <li>● Client Rights and Responsibilities</li> <li>● Cultural and Linguistic Competency</li> <li>● Grievance Process</li> <li>● Intake and Eligibility</li> <li>● Personnel Qualifications</li> <li>● Privacy and Confidentiality</li> <li>● Recertification Requirements</li> <li>● Transition and Discharge</li> </ul>	Documentation in Client Record

## RESOURCES

1. HRSA RW Program Services PCN 16-02

[https://hab.hrsa.gov/sites/default/files/hab/Global/service\\_category\\_pcn\\_16-02\\_final.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/service_category_pcn_16-02_final.pdf)

Review/Revise Date	Title of reviewer	Description or Location of Change in Document
6/27/2019	Clinical Quality Coordinator	"New" Checkbox, formatting, added approval group
Approval Group		Date Reviewed
UDOH RWB Clinical Quality Coordinator: Vinnie Watkins		7/23/2019
UDOH RWB Case Management Coordinator: Seyha Ros		7/31/2019
UDOH RWB Client Services Coordinator: Allison Allred		7/31/2019
UDOH RWB Policy and Eligibility Manager: Brianne Glenn		8/5/2019
UDOH RWB Client Services Manager: Tyler Fisher		8/6/2019
UDOH RWB Prevention Treatment & Care Manager: Amelia Self		8/7/2019