

Area Agency on Aging District 7, Inc.  
**MEAL SERVICE PROGRAMS**  
**Policy and Procedures**

**Policy Name:** Voluntary Contributions

**Created:** 03/20/2015

**Policy #:** MSP-020

**Revised:**

**Reference:** Rule 173-4-04 (3), Rule 173-4-04 (4)

**Page:** 1 of 1

**Policy:** Meal service provider will allow each consumer the opportunity to voluntarily contribute to a meal's cost. Providers may solicit voluntary contributions.

**Procedures:**

**Congregate Meals:**

- 1) Provider will have signage that clearly informs the consumer that there is no obligation to contribute. The signage may include a "suggested" donation amount.
- 2) Donation envelopes and/or the ability to confidentially place donations in a locked donation box will be available.
- 3) Provider will establish procedures to safeguard and account for all contributions, including ensuring that funds are counted and documented by two (2) volunteers/staff members. The attached form may be used.

**Home-Delivered Meals:**

- 1) Provider will clearly inform the consumer, in writing, that there is no obligation to contribute.
- 2) To safeguard donations, all delivery personnel/vehicles will have locked donation boxes.
- 3) Donation envelopes and/or the ability to confidentially place their donations in the locked donation box will be made available.
- 4) Provider will establish procedures to safeguard and account for all contributions, including ensuring that funds are counted and documented by two (2) volunteers/staff members. The attached form may be used.

**Soliciting Contributions:**

- 1) Providers may solicit contributions provided the following is adhered to:
  - a) Consumers are clearly informed there is no obligation to contribute in order to obtain the meal.
  - b) Consumers are not denied service for not contributing.
  - c) Consumers are not given documentation that resembles an invoice or bill for services.
  - d) All solicitation letters are approved by AAA7.

## NUTRITION DAILY ACCOUNTING SHEET

DATE: \_\_\_\_\_

SITE: \_\_\_\_\_

Category	Number Served	Donations/Fees
<b>CONGREGATE</b>		
Age 60+/Eligible	_____	_____
Volunteers	_____	_____
-60 Visitors	_____	_____
-60 Staff	_____	_____
<b>TOTAL CONGREGATE</b>	_____	_____
Category	Number Served	Donations/Fees
<b>HOME-DELIVERED</b>		
Title III-C2	_____	_____
Care Coordination	_____	_____
PASSPORT	_____	_____
Title XX	_____	_____
Other: _____	_____	_____
<b>TOTAL HOME-DEL</b>	_____	_____
<b>GRAND TOTAL</b>		

**VERIFICATION:**

Counted by: \_\_\_\_\_ Date: \_\_\_\_\_

Congregate: \_\_\_\_\_ Home-Delivered: \_\_\_\_\_

Counted by: \_\_\_\_\_ Date: \_\_\_\_\_

Congregate: \_\_\_\_\_ Home-Delivered: \_\_\_\_\_

Deposited by: \_\_\_\_\_ Date: \_\_\_\_\_