

Appendix B

Sample Client Welcome Letter

Dear Participant,

Welcome to the (PROGRAM NAME)! As a new participant, we are providing you with a Welcome Packet to share information about the nutrition program and (RESTAURANT).

Restaurant Information:

RESTAURANT

ADDRESS

ADDRESS

Mealtimes for the (PROGRAM NAME) are (DAYS OF WEEK) from (START TIME – END TIME).

Eligibility:

Individuals age 60 and older and enrolled in the (PROGRAM NAME) can receive meals at (RESTAURANT). A spouse or disabled individual under age 60 who lives with you also qualifies for the program.

Restaurant Meal Card:

Enclosed is your meal card to use at (RESTAURANT) for up to (X) meals a month. Each month, the (X) meals will be automatically loaded onto your card for use. Unused meals will not “roll over” to the next month. Present the card to restaurant staff to redeem your meal each time you dine.

Meal Cost:

There is no charge for meals served in the (PROGRAM NAME) at (RESTAURANT). We ask for voluntary contributions to help us sustain this great service. Contributions are voluntary and no eligible person will be denied a meal for choosing not to contribute. A guest fee applies for individuals not eligible for the program. Tips for restaurant wait staff are not required nor expected and are completely voluntary.

Also enclosed is information about the program's Grievance Process should you have a grievance or complaint about the program as well as a comment card/satisfaction survey to share your thoughts about the program after you've dined with us.

For any questions about the program, please contact (AGENCY) at (PHONE NUMBER).

We look forward to serving you!

Sincerely,

(AGENCY STAFF NAME)

(TITLE)

(AGENCY)