Name of Policy:	**Family guest tray service**	
Policy Number:	3364-104-303	
Department:	Food & Nutrition	
Approving Officer:	Director, Food & Nutrition	
Responsible Agent:	Food & Nutrition Management	
Scope:	Food & Nutrition Service	**Effective Date: 6/1/2022** Initial Effective Date: 8/2002

_____	New policy proposal	X	Minor/technical revision of existing policy
_____	Major revision of existing policy	_____	Reaffirmation of existing policy

(A) Policy Statement

It is the policy of the Food and Nutrition Services Department to provide patient guest trays on a charge basis.

(B) Purpose of Policy

This policy was created to establish a mechanism for providing meals to guest of patients.

(C) Procedure

1. Patient family members may request a guest tray by speaking with the nursing staff directly or through FNS Room Service.

Nursing:

2. Nursing should instruct the patient's family member to phone extension 383-2328 to order the guest tray. Notify the family member that there is a **charge of $5.00 for a breakfast meal and $7.00 for lunch or dinner. Upon delivery we ask that the guest have the exact change available in cash. No checks or credit/debit cards are accepted.**

3. If the patient's family member does not have sufficient funds to pay for the guest tray, nursing, social service or care coordination may be contacted for a courtesy meal ticket. This meal ticket will be charged back to the department. Courtesy meal tickets can be offered to the family (1 meal per day for 1 family member) to use toward guest trays or cafeteria meals.

Food and Nutrition Services:

4. Room Service calls from patients requesting a guest tray are acceptable. Diet Clerk will notify the patient of the charge for guest trays as above.

5. Diet Clerk will enter guest tray. Guest may choose a standard "house" meal tray or make their selections. Selections are limited to:

Breakfast:
Fruit and Juice
Breakfast Entrée with side Meat
Bagel, Muffin or Toast with margarine/butter and jelly
Cereal with Milk
Coffee or Tea

Lunch and Dinner: Choice of Appetizer, Soup or Salad
Sandwich or Entrée
Side Dish
Vegetable
Bread with Margarine/Butter
Fruit or Dessert
Hot or Cold Beverage

6. Diet Clerk will provide a written receipt to be used by the Tray Passer in collecting the charge. Cash only is accepted. Tray Passer will collect the money and have guest sign receipt of tray. Copy of the receipt is given to the patient and original left with Tray Passer.

7. Food Service Supervisor will deposit cash for accounting purposes. The original receipt is kept with the cash register reports.

8. In the event the family does not have sufficient funds to pay for the guest meal at the time of delivery, the tray will not be given. Family members may contact Social Services or Care Coordination for assessment of need. These tickets will be charged back to the department issuing meal ticket.

Approved by:	**Review/Revision Date:**
/s/ 5/16/22 Joshua Krupinski Date Director, Food & Nutrition	6/05 6/2/2008 7/1/2011 7/1/2014 7/1/2017 4/23/2019 5/16/2022
Review/Revision Completed By: *Food & Nutrition*	**Next Review Date:** 5/1/2025