
DECLARATION OF DINING INDEPENDENCE

As a new person to the community, everyone working and living here wants you to know your right to choose where, when and what you want to eat is fully supported. That's why the Dining Preferences form tells us about your unique dining routines, foods and snacks, including any ethnic food preferences, and your individual dining goals. This is vital to help create your personal dining care plan.

I. YOU HAVE THE RIGHT TO REQUEST, REFUSE, AND/OR DISCONTINUE TREATMENT SUCH AS RESTRICTED DIETS.

II. YOU HAVE THE RIGHT TO BE SUPPORTED BY THE COMMUNITY IN THE EXERCISE OF THESE RIGHTS.

III. YOU HAVE THE RIGHT TO MAKE AN INFORMED CHOICE

To exercise your right to make an informed choice about your diet, you and your care plan team meet to discuss your wishes:

- You and/or your surrogate
- Your physician
- The nurse aide that has responsibility for your daily care
- Registered nurse
- Member of 'Food and Nutrition Services'
- Social service personnel
- Other appropriate health professionals

If you have diet recommendations, we use a Dining Preferences form and an Informed Choice Made Easy documentation tool with a Risks and Benefits guide to discuss with you the consequences and benefits of choosing a diet that may or may not have restrictions. Together, we customize your meals and snacks according to what matters to you. You receive helpful Tip Sheets that can be used as a resource. Your signed Informed Choice Made Easy document becomes a record of YOUR decisions.

IV. YOU HAVE THE RIGHT TO BE PART OF A RESIDENT OR FAMILY GROUP THAT MAKES RECOMMENDATIONS REGARDING YOUR DINING SERVICE

It is our responsibility and pleasure to listen and act upon recommendations of residents and families.

We also invite you, your friends and family members to volunteer for dining room and snack activities that focus on providing healthy choices to our residents. It's fun and a great way to get involved in your community.

Date _____

Resident Signature _____
