|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency:** | | | | **Date:** | |
| **Service Recipient Identifier:** | | | | **Review Period:** | |
| **CHART REVIEW** | **YES** | **NO** | **NA** | **COMMENTS** | **MANUAL REFERENCE** |
| Is the service recipient 60 years of age or older and meet one of the other criteria for eligibility outlined in policy? |  |  |  |  | 300.19.2 |
| Was an initial/annual home-delivered meal assessment (Attachment 20) completed to determine eligibility? |  |  |  |  | 300.19.2 |
| Is there a SAEF for the review period? |  |  |  |  | 300.19.2 |
| Was a log in sheet maintained per policy for home delivered meals? |  |  |  |  | 300.19.2 |
| Was a log sheet maintained per policy for home-delivered pick up meals? |  |  |  |  | 300.19.2 |
| Was face to face contact with the service recipient documented at least 1x per week? |  |  |  |  | 300.19.2 |
| Was the service recipient prioritized based on their SAEF scores and prioritization processes established by the provider agency? |  |  |  |  | 300.19.2 |
| Was the service documented in SAMS? |  |  |  |  | 300.14 and 300.19.2 |
| Was the service documented in SAMS by the 10th calendar day of the month? |  |  |  |  | 300.14 |

**Home Delivered Meal Phone Survey:**

|  |  |
| --- | --- |
| 1. How often do you receive meals? |  |
| 1. What time are the meals delivered? |  |
| 1. What do you think of the meals? |  |
| 1. What is the quality of the food? |  |
| 1. Are the portions of each food item adequate? |  |
| 1. How do the meals look when you receive them? |  |
| 1. Are hot foods hot and cold foods cold? |  |
| 1. What do you like about the meals? |  |
| 1. Is there anything you don’t like about the meals? |  |
| 1. Is the meal deliverer courteous and helpful? |  |
| 1. What do you do when you can’t be home at the time of the meal delivery? |  |
| 1. When was the last time a meal assessment was completed? |  |
| 1. Are you given the opportunity to make a donation? |  |
| 1. How do you donate for your meals? |  |
| 1. Are you given the opportunity to provide input on the meals? |  |
| 1. Do you receive a copy of the monthly menu? |  |
| 1. Do you receive nutrition education information? |  |