Instructions – Initial/Annual Home-Delivered Meal Assessment

1. Enter the date the referral was received by your provider agency (***initial assessment only***). Use *mm/dd/yyyy* format on all dates or choose date from drop-down.
2. Enter the date the assessment was completed. Use *mm/dd/yyyy* format on all dates or choose date from drop-down.
3. Enter personal data: name, address, city/state/zip, phone number, date of birth and age. Phone numbers: enter numbers *only* (10 digits). Use *mm/dd/yyyy* format on all dates or choose date from drop-down. *Please confirm that date of birth is entered and populates correctly.*
4. Eligibility Criteria section: answer Question 1 and Question 2 appropriately. Provide any additional comments.

If they are eligible for home-delivered meals, complete the remainder of the assessment.

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1. Name and date fields should automatically populate. If not, please enter name and assessment date. Use *mm/dd/yyyy* format on all dates or choose date from drop-down.
2. Enter detailed directions to their home and provide a brief description of home.
3. Enter fields for emergency contact(s). Phone numbers: enter numbers *only* (10 digits).
4. Enter fields for physician information. Phone numbers: enter numbers *only* (10 digits).

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1. Name and date fields should automatically populate. If not, please enter name and assessment date. Use *mm/dd/yyyy* format on all dates or choose date from drop-down.
2. Living situation: mark the box(es) that apply and provide applicable further information where requested.
3. Health status: mark the box(es) that apply. Provide details and further information where requested.
4. Nutritional Health/Meal Preparation Capacity: enter the Nutritional Health Assessment Score (from the SAEF). Mark the appropriate box(es) and provide details and further information where requested.

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1. Isolation factors: mark the appropriate box(es) and provide details and further information where requested.
2. Other comments: provide any other information and/or details that are pertinent or important to assist your agency in providing quality services to the individual.
3. The application/service recipient and agency staff are to sign and date the form. If typing date, please use *mm/dd/yyyy* format, or choose date from drop-down.
4. Document on service recipient signature line if the assessment was conducted via phone.