

Instructions – Initial/Annual Home-Delivered Meal Assessment

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1. Enter the date the referral was received by your provider agency. (Initial Assessment only)
2. Enter the date the Assessment was completed.
3. Enter the source of the referral (how the individual was made aware of your agency). (Initial Assessment only)
4. Enter personal data section – name, address, phone, date of birth and age.
5. Eligibility Criteria section – answer questions #1 and #2 appropriately. Provide all details of an individual's circumstances that may support their receiving home-delivered meals.

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

NOTE: Signature fields are on pg. 4. (Document on service recipient signature line if the assessment was conducted via the phone.)

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1. Enter the name, date fields.
2. Enter detailed directions to their home.
3. Enter fields for emergency contact(s).
4. Enter fields for physician information.

Page 3

1. Enter the name, date fields.
2. Living Situation – mark the box(es) that apply.
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 applicant/service recipient and agency staff sign and date the form.