

Nutrition Assessment for Home Delivered Meals

**EMERGENCY
NEED:**

Currently receiving home delivered meals from another source: <input type="checkbox"/> Yes <input type="checkbox"/> No	Days participant to receive meals (check all that apply): <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> All M-F <input type="checkbox"/> Weekend <input type="checkbox"/> Second Meals	AgingIS Entry Date: Staff Initials:
Last Name:		First Name:
Phone:	House #:	Street:
Apt/ Suite/ Bldg.:	City:	State:
Zip:	County:	Township:
Rural (RI, Mercer, Henry=No) <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Identity-Other <input type="checkbox"/> Decline to answer	
Date of Birth: / / Sexual Orientation: <input type="checkbox"/> Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bi- sexual <input type="checkbox"/> Transgender <input type="checkbox"/> Queer/Questioning <input type="checkbox"/> Decline to answer		
Ethnicity: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino		Primary Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander
Number in Household:	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Low Income? <input type="checkbox"/> Yes <input type="checkbox"/> No Single: \$1,561/month Married: \$2,114 /month	Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No (Participant has Medicaid coverage or services)	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No

NUTRITION RISK SCREEN

Instructions: Read each statement to the participant and mark appropriate response. Calculate the total points by adding the number in parenthesis for each Yes response. (No does not have points.)

1. I have an illness or condition that has made me change the kind or amount of food I eat.	<input type="checkbox"/> Yes (2)	<input type="checkbox"/> No
2. I eat less than two meals a day.	<input type="checkbox"/> Yes (3)	<input type="checkbox"/> No
3. I eat few fruits and vegetables, or milk products.	<input type="checkbox"/> Yes (2)	<input type="checkbox"/> No
4. I have three or more drinks of beer, liquor or wine almost every day.	<input type="checkbox"/> Yes (2)	<input type="checkbox"/> No
5. I have tooth or mouth problems that make it hard for me to eat.	<input type="checkbox"/> Yes (2)	<input type="checkbox"/> No
6. I don't always have enough money to buy the food I need.	<input type="checkbox"/> Yes (4)	<input type="checkbox"/> No
7. I eat alone most of the time.	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No
8. I take three or more different prescribed or over-the-counter drugs a day	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No
9. Without wanting to, I have lost or gained ten pounds in the last six months.	<input type="checkbox"/> Yes (2)	<input type="checkbox"/> No
10. I am not always physically able to shop, cook, and/or feed myself. (this can be on a temporary basis)	<input type="checkbox"/> Yes (2)	<input type="checkbox"/> No

TOTAL POINTS: _____ / 21 possible points

6 OR MORE POINTS REQUIRED TO QUALIFY

ASSESSMENT OF NEED FOR ASSISTANCE WITH ADL'S AND IADL'S

Instructions: Assess the participant's need for assistance for each Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's). Circle the corresponding key number or letter that closely describes their need.

Key	0	Independent - No impairment	A	Needs assistance but refuses
	1	Minimum Assistance - Mild impairment	D	Does not know if needed
	2	Moderate Assistance - Some impairment	E	Elects not to answer
	3	Maximum Assistance - Total impairment		

Activities of Daily Living (ADL's)

Instrumental Activities of Daily Living (IADL's)

Eating	0	1	2	3	Laundry	0	1	2	3
Bathing	0	1	2	3	Shopping	0	1	2	3
Grooming	0	1	2	3	Light Housework	0	1	2	3
Dressing	0	1	2	3	Heavy Housework	0	1	2	3
Toileting	0	1	2	3	Telephone Use	0	1	2	3
Walking/Mobility:	0	1	2	3	Financial Management	0	1	2	3
Transferring (in/out of bed/chair)	0	1	2	3	Transportation	0	1	2	3
					Meal Preparation	0	1	2	3
					Medication Management	0	1	2	3

Frozen and Cold Meal Options (does not affect eligibility)

Does the older adult have a working freezer and/or refrigerator to store meals and working microwave and/or oven to prepare meals? Yes No

Can the older adult use the freezer, refrigerator, microwave, and oven unsupervised? Yes No

If no, who will assist with heating of meals? _____

Other Information

Can the older adult feed self? Yes No

If no, who assists? _____

If help is needed, what type? (check all that apply)

Cutting Puree Feeding

Does older adult have difficulty swallowing? Yes No

ADDITIONAL INFORMATION

ATTENTION: ONLY complete this section if the older adult is eligible to receive Home Delivered Meals

Reason why older adult is eligible to receive meals (check all that apply)

Homebound (or person scored 6 or higher on Nutrition Screen)

Permanently Disabled

Temporarily Disabled (i.e. illness, recovering from surgery, unable to leave their home for various reasons, etc.)

Respite for caregiver

Meal for spouse of HDM recipient or person with disability living with an eligible HDM participant

Other (specify): _____

If older adult qualifies on a temporary basis (i.e. temporarily disabled), reassessment should occur within 6 weeks. Date of Reassessment: _____

Special Diet Needs General Diabetic **Dietary restrictions:** _____

Emergency Contact Name: _____ **Relationship to participant:** _____

Address: _____ **Phone:** _____

Driver Instructions (check all that apply)

Ring doorbell Knock loudly Beware of dog(s) Other: _____

Older Adult will benefit from Home Delivered Meals because: (check all that apply)

Meals will increase nutritional intake as Older Adult has limited income

Older Adult has difficulty cooking, tires easily

Older Adult is recovering from surgery, illness, etc.

Other (specify) _____

Staff Signature: _____ **Date:** _____