

Intake and Referral Form for Home Delivered Meals ONLY

Name _____ Date _____

Address _____

Phone _____ SSN _____ Birthdate _____

Military Veteran _____ Household Size _____ Medicaid # _____

Other Insurance Name and Policy Number: _____

Primary Physician _____ Phone _____

Who Called _____ Relationship _____

Phone _____

Emergency Contact _____ Relationship _____

Address _____

Phone _____ Does client have a guardian/POA _____

Type of Assistance Needed _____

Medical Conditions/ADL Deficiencies _____

Income

Wages _____ Interest bearing accounts _____
SS Retirement _____ Worker's Comp _____
Social Security Disability _____ Rental Income _____
SSI _____ Short/Long term Disability Insurance _____
Income of Parents or Spouse _____ Other income _____
Veteran's _____ Pensions _____
Child Support _____ Alimony _____

Deductions

Health Insurance Premiums _____ LTC Insurance _____
Medical Care _____ Psychological Care _____
Medicare Premiums _____ Unpaid Medical Bills _____
Medications _____ Client Paid Services _____
Other _____

Subsidies

TANF _____ Energy Assistance _____
Food Stamps _____ Housing Subsidies _____
Child Care _____ Weatherization _____

Assets

Savings _____ Stocks/Bonds _____
Life Insurance with cash value _____ Checking Account _____

Nutrition questions

- 1) Is there an illness or condition that has changed the kind and/or amount of food you eat? Yes is 2 points
- 2) Do you eat fewer than 2 meals per day? Yes is 3 points
- 3) Do you include fruits, vegetables, and milk in your daily diet? No is 2 points
- 4) Do you drink 3 or more drinks of beer, liquor, or wine almost every day? Yes is 2 points
- 5) Do you have tooth or mouth problems that make it difficult to eat? Yes is 2 points
- 6) Do you have the money you need to purchase the food you need? No is 4 points
- 7) Do you eat alone most of the time? Yes is 1 point
- 8) Do you take 3 or more different prescribed or over the counter medications a day?
Yes is 1 point
- 9) Without warning or trying have you gained or lost 10 lbs in the last 6 months?
Yes is 2 points
- 10) Are you always physically able to shop, cook, and or feed yourself? No is 2 points
High Nutritional risk is 6 or more points