Home Delivered Meals Intake Form

(*Information required by State-Confidential*)

Name: (Last) ____ (First)_________________________ Date:_______________

Mailing Address: ____

Street Address: ____

Date of Birth: __/__/__ Age: _____ Sex: M F Phone: __________________________

Live Alone: Yes No Last 4 digits of SS#__________________________

Income: Single above $ 902.50/ mo Yes No

Couple above $ 1,214.17/ mo Yes No SSI ? Yes No

Race: ☐ White ☐ Black ☐ Indian ☐ AI/ PI ☐ Hispanic ☐ Other ______________________

Primary Physician: ____ Phone: _____________________

Emergency Contact: ____ Phone: _____________________

Physically Impaired? Yes No ☐ Wheelchair ☐ Oxygen

☐ Diabetic ☐ Insulin Dependent

Other Health related problems: ____

Do you need Senior Bus transportation? Yes No

Do you want weekend frozen meals? Yes No

Check boxes if you require assistance in any of the following:

Eating		**Meal Preparations**	
Bathing		**Shopping**	
Toileting		**Medication Management**	
Transfer in/out of bed		**Money Management**	
Walking		**Using the Telephone**	
Dressing		**Heavy Housework**	
Shopping		**Light Housework**	
		Transportation	
Total this column		**Total this column**	

(1-Independent 2-Verbal assist 3-Stand-by assist 4-Lots of assist 5-Dependent)

Nutritional Risk Assessment (check box)

I have an illness/condition that made me change the kind and /amount of food I eat	☐
I eat fewer than 2 meals a day	☐
I eat fewer than 5 servings if ½ cup each of fruits or vegetables a day	☐
I eat fewer than 2 servings of dairy every day (milk, yogurt, cheese)	☐
I have tooth or mouth problems that make it hard for me to eat	☐
I don't always have the money I need to buy the food I need	☐
I eat alone most of the time	☐
I take 3 or more prescriptions or over-the-counter medications a day	☐
Without wanting to, I have lost or gained 10 pounds in the last 6 months	☐
I am not always physically able to shop, cook and/or feed myself	☐
I have 3 or more drinks of beer, liquor or wine almost everyday	☐
	TOTAL

(0-2- Good 3-5- At risk 6 or more-High Risk)

I authorize the release of information to any agency/hospital in an emergency. Yes No