

Instructions for Completing the Nutritional Referral for Home Delivered Meals Form

General Instructions

Currently receiving home delivered meals from another source: Yes No	Answer "Yes" if Older Adult receives Home Delivered Meals (HDMs) from any other source, church, family, etc.
Days Older Adult to receive meals (choose all that apply): M T W R F All M-F Weekend 2 nd Meals	<p>NOTE: Some options may not be available in the service area. The MCO or the CCU must check the AAA website in the Planning and Service Area (PSA) where the nutrition provider is located to determine what meal options are available. Most nutrition service providers downstate only have the resources to provide one meal per day and generally provide a mid-day meal. 2nd meals would be preference for supper meals.</p> <ul style="list-style-type: none"> Choose the days the Older Adult needs meals (choose any options that apply).
Type of meal(s): Hot Cold Frozen	Mark the types of meals the Older Adult would need and/or be able to prepare. (Check the AAA's website in the PSA for available options for Home Delivered Meals).
Special Notes:	Provide information specific to the Older Adult's restrictions, needs, etc.
Older Adult Demographic Information	
Name:	Enter the Older Adult's full name.
Representative Name:	Enter the name of the authorized representative, if applicable.
Address:	Enter the Older Adult's residence.
DOB:	Enter the Older Adult's date of birth.
Phone Number:	Enter the phone numbers of the Older Adult and the authorized representative if named above.
Ethnicity: <i>Hispanic or Latino</i> – A person of Cuban, Mexican, Puerto Rican, South of Central American, or other Spanish culture or origin, regardless of race. <i>Not Hispanic or Latino</i>	Choose one of the Ethnicity options. (NOTE: The IDoA is required to report data from the responses in this section to the federal agency).
Race: <i>White Non-Hispanic</i> – A person having origins in any of the peoples of Europe, the Middle East, or North Africa <i>Black or African American</i> – A person having origins in any of the black racial groups in Africa. <i>White Hispanic</i> – A person who identifies as Hispanic as an ethnicity and white as a race. <i>Native Hawaiian or Pacific Islander</i> – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.	Choose one of the Race options. (NOTE: The IDoA is required to report data from the answers in this section to the federal agency).

<p>American Indian or Alaskan Native – A person having origins in any of the original peoples of North America (including Central America), and who maintains tribal affiliation or community attachments.</p> <p>Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.</p> <p>Other Race – A person who responded to a racial category not included above.</p> <p>Two or More Races – Represents all Older Adults who reported more than one race.</p>	
<p>Marital Status:</p> <p>M _____ D _____ S _____ W _____</p> <p>Legally Separated _____</p> <p>Domestic Partner _____</p>	<p>Enter the Older Adult’s marital status (Married, Divorced, Separated, Widowed, Legally Separated or Domestic Partner)</p>
<p>Gender:</p> <p>M _____ F _____ Other _____</p>	<p>Indicate the Older Adult’s gender.</p>
<p>Limited English Speaking: Yes No</p> <p>If yes, specify primary language spoken:</p>	<p>Does the Older Adult have limited English speaking capabilities and if so, what is his/her primary language?</p>
<p>Below Poverty: Yes No</p> <p>Monthly Income:</p>	<p>Does the Older Adult have income that is below Federal poverty level (Y or N)? Enter the Older Adult’s monthly income.</p>
<p>Lives Alone: Yes No</p> <p>Type of Housing: Home Apt</p> <p>Subsidized Housing: Yes No</p>	<p>Does the Older Adult live alone? What type of housing (home or apartment) does the Older Adult live in and is it subsidized housing?</p>
<p>Nutrition Risk Screen</p>	
<p>Nutrition Risk Screen – 10 questions</p> <p>(choose points under Yes or No)</p> <p>FEDERALLY REQUIRED INFORMATION</p>	<p>This section contains questions to determine if the Older Adult has high nutritional risk. Each question is assigned a point value if the Older Adult’s answer is “yes” to a question. Total the points chosen in the “Y” column. If the total is six or more points, the Older Adult is considered to have high nutritional risk.</p> <p>Responses do not determine eligibility for HDM.</p> <p>(NOTE: The IDoA is required to report data from the answers in this section to the federal agency).</p>

Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)

Impairment/Problem with Activity of Daily Living (ADL)

Impairment/Problem with Instrumental Activities of Daily Living (IADL)

FEDERALLY REQUIRED INFORMATION

This section contains questions to determine an Older Adult's assistance level for activities of daily living and instrumental activities of daily living.

If a Determination of Need (DON) assessment has already been completed by the CCU, you may use the Part A, Level of Impairment, score for these items. If a DON has not been completed by a CCU, the Older Adult should be asked about his/her need for assistance for each ADL/IADL. Each item will be assigned one of the following answers and the corresponding point value should be entered on the form.

- **Independent – Enter 0 or No**
Independent (no assistance required): A score of zero for any function indicates that the Older Adult performs or can perform all essential components of the activity, with or without an existing assistive device.
- **Minimal Assist – Enter 1 or Yes**
Minimal Assistance: A score of one for any function indicates that the Older Adult performs or can perform most essential components of the activity with or without an existing assistive device, but some impairment of function remains such that the Older Adult requires some supervision or physical assistance to accomplish some or all components of the activity.
- **Moderate Assist – Enter 2 or Yes**
Moderate Assistance: A score of two for any function indicates that the Older Adult cannot perform most of the essential components of the activity, even with an existing assistive device, and requires a great deal of assistance or supervision to accomplish the activity.
- **Maximum Assist – Enter 3 or Yes**
Maximum Assistance: A score of three for any function indicates that the Older Adult cannot perform the activity and requires someone to perform the task, although the Older Adult may be able to assist in small ways, or require constant supervision.
- **Unknown – Enter 4 or No**
Unknown: (unable to determine need for assistance, needs assistance but refuses or does not provide an answer)

Major Health Problems (choose all that apply)	
Ambulation: Full Partial Assisted Bedfast	Ask the Older Adult about his/her ambulation capability.
Vision: Full Limited Glasses Blind	Ask the Older Adult about his/her vision capability.
Hearing: Full Hard of Hearing Hearing Aid Deaf	Ask the Older Adult about his/her hearing capability.
Other major health concerns (describe):	Describe any other major health concerns.
Determination of Need (DON) score:	Enter the Older Adult's total DON score (if known)
Additional Nutrition Information	
Who does the grocery shopping? How often?	Name(s) of individual who does the grocery shopping for the Older Adult. Indicate frequency of shopping (ie. weekly, monthly, etc.).
Can Older Adult feed self? Yes No If no, who assists? What type of help: Cutting Puree Feeding	Ask the Older Adult if he/she can feed him/herself. If the answer is "No" list who provides assistance and the type(s) of help needed from the three options listed.
Is anyone available to prepare food? Yes/No If yes, who? What days? Which meals?	Ask the Older Adult if there is anyone in the household to prepare food and if "Yes" list who provides the assistance, the frequency, and the meals (breakfast, lunch, dinner) when assistance is available.
Does Older Adult have difficulty with any of these: (choose all that apply) Swallowing Indigestion Heartburn Vomiting Diarrhea Constipation	Does the Older Adult indicate any of the listed difficulties he/she experiences from the consumption of food from the listed options?
Usually how much of each meal does the Older Adult eat? (choose one) Under 25% 25% 50% 75% Over 75%	Ask the Older Adult the percentage of each meal he/she can eat.
How is the Older Adult's appetite in general? (choose one) Poor Fair Good Excellent	Ask the Older Adult how is his/her appetite in general from the listed options.

Older Adult's kitchen facilities and equipment: (choose all that apply) Kitchen Kitchen privileges Stove Microwave Refrigerator Freezer w/available space	Does the Older Adult have the types of kitchen facilities and equipment listed available?
Is Older Adult able to use these appliances unsupervised: (choose all that apply) Stove Microwave Refrigerator Freezer	Ask the Older Adult which appliances from the list he/she can use unsupervised.
Older Adult food source for the weekends:	How does the Older Adult obtain meals on weekends?
Special Diet Needs: General Diabetic	Does the Older Adult need a "General" or "Diabetic" diet?
Condition of the home: Good Poor If poor, specify:	What is the condition of The Older Adult's home? The case manager should provide further detail if "Poor" is chosen.
Dietary restrictions:	List any dietary restrictions given by the Older Adult.
Food allergies:	List any food allergies given by the Older Adult.
Reason for Home Delivered Meals: (choose all that apply) <ul style="list-style-type: none"> • Homebound • Permanently disabled • Temporarily disabled • Respite for caregiver • Meal for spouse or disabled adult in home • Other (specify) 	The case manager should indicate all reason(s) the Older Adult needs Home Delivered Meals. If "other" is chosen, the case manager should provide further detail.
Older Adult will benefit from Home Delivered Meals because: (choose all that apply) <ul style="list-style-type: none"> • Meals will increase nutritional intake as Older Adult has a limited income • Older Adult has difficulty cooking, tires easily • Older Adult is recovering from surgery, illness, etc. • Other (specify) 	The case manager should indicate all benefits to the Older Adult from receiving home delivered meals. If "other" is chosen, the case manager should provide further detail.
Duration of meals: (choose one) Short term Long term Re-evaluate date:	The case manager should indicate the time the Older Adult anticipates the need for home delivered meals. <ul style="list-style-type: none"> • Short term (e.g. Recovery time after a surgery, caregiver unavailable, hospitalization, etc.) • Long term (longer time of need for meals)
Other Contacts Information	
Physician Name: Physician Phone:	Name and phone number of the doctor the Older Adult would like to have listed on the form.
Emergency Contact Name: Home phone: Cell phone: Address: City: State:	Older Adult should provide the emergency contact name(s), phone number(s) and addresses. Note: The form includes space for two (2) emergency contacts to be listed.

Authorization of Release of Information	
I give permission to _____, to send a copy of this assessment form to the Home Delivered Meal Provider, _____, and to discuss my needs with the Provider and/or AAA.	Provide the name of the case manager who will send a copy of the referral form to the meal provider and the name of the Home Delivered Meal provider. This person is also granted authorization to discuss the Older Adult's home delivered meal needs with the provider and Area Agency on Aging (AAA).
Older Adult Signature:	The Older Adult signs the referral form. Adobe Acrobat Instructions for the Older Adult's signature: <ul style="list-style-type: none"> • Click on "Fill & Sign" under the Tools tab. • Click on the ink pen "Sign" at the top of the form. • Click on "Add Signature". • Choose "Draw". • Use the curser to sign the document or if touchpad, use finger or stylus, etc. • Click "Apply" and click to place the signature.
Date:	Enter the date (can be done by using the drop-down calendar.)
I certify this Older Adult meets eligibility criteria for Home Delivered Meals under the Older Americans Act.	
Case Manager Name:	Provide the name and phone number of the case manager who completed the referral form.
Phone Number:	
Organization:	Provide the name of the Managed Care Organization (MCO).
Email:	Provide the email address of the Organization completing the form.
Signature:	Enter the case manager's digital or electronic signature. (NOTE: The case manager may need to create an electronic signature in Adobe.)
Date:	Enter the date (can be done by using the drop-down calendar.)
HDM Start Date:	Provide the date the Older Adult may begin receiving HDMs. (can be done by using the drop-down calendar.)
Reassessment Date:	Provide the date when the Older Adult should be reassessed for his/her need for HDMs. (can be done by using the drop-down calendar.) NOTE: The reassessment is required to be completed annually unless otherwise indicated during or after the referral form is completed.
Termination Date:	Provide the date temporary HDMs can be stopped for the Older Adult. For example: if meals are to provide respite for a caregiver; during recovery following hospitalization or illness where the client is expected to recover and no longer be homebound, etc. (can be done by using the drop-down calendar.)
Driver instructions: (choose all that apply) Ring bell Knock loudly Beware of dog(s) Other: _____	Indicates any instructions for the driver to follow when delivering meals. If "other" is chosen, the case manager provides further detail.
Emergency Need for HDMs?	If it is determined the referral for home delivered meals is an emergency need, mark the box in the top right corner of the form on the first page.
Print/Save/Clear Form	The case manager should "Print" or "Save" the form prior to choosing to "Clear Form".