

NICAA Golden Meals Participant Information Form

Last Name (Print) _____ First Name _____ Middle Initial _____

Date of Birth _____ Social Security # _____ Today's Date _____

Type of Contact: Walk-In _____ Field _____ Phone _____ Provider/Site _____ No. _____

Sex: Male _____ Female _____

Address _____ Apt.# _____ City _____ State _____ Zip _____

Phone # _____ County _____ Township _____

Referral Source	Enrolment/Entitlements (Circle All)	Client Speaks English
1. Newspaper	1. Medicaid 7. LIHEAP	1. Yes
2. Senior Center	2. Medicare 8. Homestead Exp.	2. No
3. Social Services	3. Circuit Breaker 9. Unknown	
4. Relative/Friend	4. SSI 10. Tax Exp. Freeze	
5. Health Care Provider	5. Food Stamps 11. CCp Service	
6. City Hall	6. CB Pharmacy 12. QMB/S11B	

Race	Household Composition	GEN (below poverty)
1. Caucasian	1. Lives Alone (if yes, circle GSN)	person \$958 2 Persons \$1293
2. African American	2. With Spouse	1. Yes
3. Hispanic (may be of any race)	3. With Children	2. No
4. Native American/Alaskan Native	4. With Relatives	

Living Arrangement	Veteran	Rural Resident	MIN G.E.N.
1. Homeowner	1. Yes 1. Yes		1. Yes
2. Subsidized	2. No 2. No		2. No
3. Mobile Home		G.S.N.	
4. Nursing Home		1. Yes	
5. Renter		2. No	
6. Retirement	Frail		
7. Lives with other	1. Yes	Nutritional Risk	
	2. No	1. Yes	
		2. No	

Physician _____ Client Impairment _____

Emergency Contact _____ Phone H _____ W _____

Relationship _____ Address _____

Rolling Stone: Yes _____ No _____

Needs Home Delivered Meal because: _____ Long Term Care Discharge _____ Hospital Discharge _____

Unable to Shop/Prepare Food No Other Resource too _____ Provide Meal _____

Homebound Due to Illness

Name: _____

NUTRITIONAL HEALTH RISK - Annual update required of this section

YES NO

I have an illness or condition that has made me change the kind or amount of food I eat.	2	0
I eat less than two meals a day.	3	0
I don't eat very many fruits and vegetables, or milk products.	2	0
I have three or more drinks of beer, liquor or wine almost every day.	2	0
I have tooth or mouth problems that make it hard for me to eat.	4	0
I don't always have enough money to buy the food I need.	1	0
I eat alone most of the time.	1	0
I take 3 or more prescribed or over the counter drugs a day.	2	0
Without wanting to, I have lost or gained 10 pounds in the last six months.	4	0
I am not always physically able to shop, cook and/or feed myself.		
Add YES scores:	0-2 Low	3-5 Moderate
	6 or more High	TOTAL

Is there anything we need to know about how to find or deliver the meal to your home?

- Y N Are you aware of our agency's donation agreement policy?
- Y N Are you willing to call our agency to cancel the meal if for any reason you will not be home?
- Y N Have you had both Covid-19 shots

Y N Do you need in-home help or help with other benefits and services (medication, fuel, transportation)?

Y N Permission to refer?
Referral Form completed too (List)

Disposition: Home Delivered Meals Authorized - Starting Date: _____
 Denied: (reason) _____

Completed By: Lala Martinez Date: _____
 Reassessment by: _____ Date: _____
 Reassessment by: _____ Date: _____

Name: _____

HOME DELIVERED MEAL ASSESSMENT

Y N Are you able to leave your home on a daily basis (vs. only for doctor appointments) Y N
 Are you able to drive? If No, how do you get groceries?

Y N Y Are you able to prepare a hot meal daily?
 N Y Are you able to prepare light meal such as cereal or a sandwich?
 N Do you have difficulty chewing, swallowing, or cutting your food?

HDM meals needed: Hot - circle days: Mon Tues Wed Thu
 Sacks Mon Tues Wed Thu
 Frozen - circle days: Mon Tues Wed Thu

Y N Has your physician ordered a therapeutic diet? Type: Fri
 Fri Sat Sun

Y N Do you have a food allergy?
 Y N Do you have a microwave?
 Y N Are you able to safely reheat frozen meals in the microwave or oven?
 Y N Is there a spouse or disabled child living with you who is unable to cook & is in need of a meal?
 Do you need special utensils to eat your meal?
 Type: _____

Expected service duration: _____ One month or less _____ Up to 6 months
 _____ Up to year or more _____ Congregate possibility in future