

- New Client
  - Annual Reassessment
  - Change in Information
- Date entered in Q: \_\_\_\_\_

# Home-Delivered Meals Assessment Form

First Name	MI	Last Name	Today's Date				
Email: _____							
<b>HDM Eligibility – Use "AAA 110 Client Intake Form"</b>							
Initial determination of eligibility determined by telephone?		<input type="checkbox"/> No <input type="checkbox"/> Yes		1-Independent	3-Some Human Help	5-Dependent	Declined to State
First date of meal delivery: _____							
Visit Location: <input type="checkbox"/> Home Visit <input type="checkbox"/> Other _____							
<b>ADL's - Activities of Daily Living (assess yearly for C2 clients)</b>							
Eating - Feed self from a plate or drink from a cup							
Dressing - Select, put on, or take off appropriate attire.							
Bathing - Take a bath or shower, wash hair, brush teeth, etc.							
Toileting - Use toilet, cleanse self, etc.							
Transferring - Get in/out of a bed or chair.							
Walking - Walk or climb stairs							
<b>IADL's - Instrumental Activities of Daily Living (assess yearly for C2 clients)</b>							
Light Housework - light housekeeping, like dusting or sweeping.							
Laundry			(No Longer Required)				
Shopping - shop for food and other things.							
Meal Preparation - prepare meals.							
Transportation - use public transportation or drive beyond walking distances.							
Using Telephone - answer the telephone or make a phone call.							
Medication Management - take medications.							
Money Management - handle money, like keeping track of bills.							
Heavy Housework - heavy housecleaning, like yard work and laundry.							
<b>For Staff Use Only</b>							
<b>Functional Impairment Status:</b>							
<b>Provided Client</b>					<b>Notes</b>		
<input type="checkbox"/> Staff contact information <input type="checkbox"/> Non-response procedure <input type="checkbox"/> Introductory Letter <input type="checkbox"/> Release form <input type="checkbox"/> Newsletter/menu <input type="checkbox"/> Senior I&A brochure <input type="checkbox"/> Reheating instruction <input type="checkbox"/> Grievance procedure <input type="checkbox"/> Emergency response							

**Termination**

Termination date:

Reason for Termination (Disposition):     Deceased     Institutionalization  
 Moved Out of Service Area     No Longer Desires Services     On Hold  
 On Waiting List     Other Reason     Past Active     Service No Longer Needed

**For follow-up****Staff Signature**

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