

# Home-Delivered Meals Quarterly Reassessments

First Name	MI	Last Name	Annual Intake Form Date	Annual Assessment Form Date
	Reassessment #1	Reassessment #2	Reassessment #3	Reassessment #4
Reassessment Date				
Completed by				
Location/Type	<input type="checkbox"/> Phone Call <input type="checkbox"/> _____	<input type="checkbox"/> Home Visit <input type="checkbox"/> _____	<input type="checkbox"/> Phone Call <input type="checkbox"/> _____	<input type="checkbox"/> Home Visit <input type="checkbox"/> _____
Review Intake Form & Assessment Form				
<i>ANY CHANGES in the following areas?</i>				
Contact info	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Household	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Caregivers	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Health	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
HDM Eligibility	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
ADL/IADLs	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Date updated in Q:				
Referrals to other services				
Client comments on meals				
Staff Signature				