

HOME DELIVERED MEAL REGISTRATION

Name (First, MI, Last):		Date of Registration:																
Residential Address (Fire No. & Street):		Date of Birth (month/day/year): / /																
City/State/Zip:		Phone Number (with area code):																
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Self-Describe (specify): _____ -----	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ -----	Household: <input type="checkbox"/> I live alone. <input type="checkbox"/> I live with others. ----- Income Status: Is your income at or below the following guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"># in Home</th> <th style="text-align: left;">Month</th> <th style="text-align: left;">Year</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$1,255</td> <td>\$15,060</td> </tr> <tr> <td>2</td> <td>\$1,704</td> <td>\$20,440</td> </tr> <tr> <td>3</td> <td>\$2,152</td> <td>\$25,820</td> </tr> <tr> <td>4</td> <td>\$2,600</td> <td>\$31,200</td> </tr> </tbody> </table>		# in Home	Month	Year	1	\$1,255	\$15,060	2	\$1,704	\$20,440	3	\$2,152	\$25,820	4	\$2,600	\$31,200
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Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Other: _____	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino																	

Activities of Daily Living (ADLs) Check Yes for each ADL that you/the client <i>need substantial assistance</i> to complete (including verbal reminding, physical cuing, or supervision). Check No for each ADL you <i>can</i> complete without substantial assistance.	No Help Needed	Yes, Needs Help
Bathing: Gets in and out of the bath or shower, uses faucets, washes, and dries oneself safely.		
Dressing: Dresses and undresses safely.		
Toileting: Uses toilet and cleans oneself.		
Transferring: Moves in and out of bed or chair.		
Feeding: Gets food or drink from plate, bowl, or cup into mouth and uses utensils.		
Continence: Exercises complete self-control.		

TOTAL Number of Yes ADLs _____

Instrumental Activities of Daily Living (IADLs) Check Yes for each IADL that you/the client <i>need substantial assistance</i> to complete (including verbal reminding, physical cuing, or supervision). Check No for each IADL you <i>can</i> complete without substantial assistance.	No Help Needed	Yes, Needs Help
Food Preparation: Plans, prepares, and serves adequate meals independently.		
Shopping: Takes care of all shopping needs independently.		
Medication Management: Takes medication in correct dosages at correct time.		
Ability to Manage Finances: Handles financial matters and/or day-to-day purchases.		
Housekeeping: Participates in housekeeping tasks.		
Laundry: Launders some items independently.		
Mode of Transportation: Travels unassisted via personal vehicle, public transportation, or taxi.		
Ability to Use Telephone: Dials and/or answers the telephone.		

TOTAL Number of Yes IADLs _____

PLEASE SEE OTHER SIDE

Reason(s) home-delivered meals are needed (check all that apply):

- Individual is frail and essentially homebound by reason of illness, disability, or isolation.
- Spouse or domestic partner of a person eligible for a HDM and participation is in the best interest of the homebound older individual.
- Adult under age 60 with a disability and resides at home with an eligible older individual participating in the program.
- Individual is unable to leave home under normal circumstances.
- Individual is unable to participate in the congregate meals program because of physical or emotional problems.
- No spouse, domestic partner, or other adult living in same household who is both willing and able to prepare meals.
- Individual is unable, either physically or emotionally, to obtain food and prepare adequate meals.
- Other: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Email: _____

Program Contributions

- Participant would like a contribution letter mailed to home.
- Participant will make contributions directly. Do NOT mail a contribution letter.
- Someone else who will be contributing on behalf for meals. Send contribution letter to:

Name: _____

Address: _____

Phone: _____ Email: _____

Date of Referral: _____ Person/Agency Making Referral: _____

Requested start date: _____

Meals approved for:

Reassessment due: _____

6 months

Allergies or Special Dietary Needs: _____

1 year

Other: _____

Concerns to follow up on: _____

Person Conducting Assessment: _____ Date: _____