

## Home Delivered Meals Inquiry Form

Recipient name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

**Complete over the phone to determine the appropriate services to offer initially**

**Is the person on Family Care or IRIS?**

☐ Yes ☐ No

**If yes follow process for MCO Meals. **DO NOT CONTINUE BELOW.****

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

☐ Is generally **unable to leave their home unassisted** by reason of accident, illness, disability, frailty, or isolation.

☐ Is **unable to independently obtain food and prepare adequate meals** due to a lack of or inadequacy of facilities; an inability to shop, cook, or prepare meals safely; or a lack of appropriate knowledge or skill.

☐ **Lacks the support** of family, friends, neighbors, or another meal support service in the home or community.

☐ Is **unable to consistently access meals at a congregate dining** location due to personal health reasons or other reasons that make dining in a congregate setting inappropriate.

☐ A **spouse** of an eligible person regardless of age.

☐ Individuals with a **disability under 60** who live with an eligible person.

*There are a few more questions we need to ask to complete the registration process. Do you have time now or would you like someone from our office to call you back to schedule a call to complete it?*

☐ Registration form completed over the phone.

☐ Call back to schedule time to complete the registration form. Phone # \_\_\_\_\_.

Notes: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Doesn't Meet HDM Eligibility** "Based upon our screening the **Senior Dining program** is what I can offer you. This program provides a hot meal at lunchtime and allows you to socialize with others and learn about opportunities in the community. Meals are available on a contribution basis to anyone over the age of 60 and are served **Monday through Friday, (insert time)** at the **(review location(s))**. There will be a registration form that you need to complete when you attend the site. **Would you like me to register you?** ☐ Yes **Date Attending** \_\_\_\_\_

☐ No ☐ They would like additional information sent.

*"Rides are available to the dining site on a contribution basis."*

**Do you need a ride to the dining site?**

☐ Yes (Refer to Transportation) ☐ No

*"You can be reevaluated for home-delivered meals annually **or if you have a significant change in condition**. I can send you information about other community resources that may benefit you." **Would you like me to send you those resources?***

☐ YES ☐ NO

### Meets HDM Eligibility

- ☐ **Request for Short-Term Home Delivered Meals (Less than 3 months)** to recover from surgery, injury, hospitalization, or illness OR ☐ **on Hospice**. Ask for a phone # to call in case of emergency \_\_\_\_\_.
- ☐ **Interested in HDM Meals** \_\_\_\_\_ per Week
- ☐ **Interested in Carry Out Meals** \_\_\_\_\_ per Week
- ☐ **Interested in Weekend Meals**

*"The home-delivered meal program requires that you are home to receive your meal(s). Failure to be home at the time of delivery may result in you no longer being able to participate in the program. **Do you agree to be home at the time of delivery?***

☐ YES ☐ NO (**Offer Senior Dining and Other Services.**)

### OFFICE USE ONLY:

	Needed	Comp. Date	Int.
Reg. Form Completed	YES NO		
Resource Packet	YES NO		
Mgmt Review	YES NO		
Program Paperwork	YES NO		
Database	YES NO		