

CHIPPEWA COUNTY HOME DELIVERED MEALS REFERRAL AND ASSESSMENT

PROGRAM REQUIREMENTS

AGE 60+, HOMEBOUND, AND RESIDES OUTSIDE THE CHIPPEWA FALLS CITY LIMITS

Agency: _____ Name: _____

Date: _____ Phone: _____

Has this person received HDM's in the past? YES NO If yes, why? _____

Managed Care Organization: YES NO MCO Name: Inclusa IRIS Care WI

Are meals authorized by the MCO? YES NO Explain: _____

Do you/they drive? YES NO Explain: _____

Reason(s) for requesting Home Delivered Meals: _____

Participant's Information: Name: _____

Date of Birth: _____ Age: _____ M F Phone: _____

Address: _____ City: _____ Zip: _____

Emergency Contact Name: _____

Phone(s): _____ Relationship: _____

Additional Emergency Contact Name: _____

Phone(s): _____ Relationship: _____

Status:

Single
Married
Widowed
Divorced

Living Arrangements:

lives alone
lives w/spouse
lives w/others

Race/Ethnicity:

Non-Minority (White)
Hispanic
African American
Other

Health & Well

Being:
Visually Impaired
Hearing Impaired
Memory Impaired
Balance issues
Memory Loss

History of falls
Uses a walker or cane
Weakness or fatigue
History of Depression

Monthly Income:

1 person- \$1,040.00/month Above Below 2 people- \$1,409.00/month Above Below

Delivery Instructions:

Is this request: TEMPORARY PERMANENT Explain: _____

Days requested: M T W Th F Explain: _____

Directions/Special Delivery Instructions: _____



NUTRITION ASSESSMENT

What's Your Nutrition Risk? Check mark which ones apply to you	✓	Score
1. I have an illness or condition that made me change the kind and/or amount of food I eat.		2
2. I eat fewer than 2 meals per day.		3
3. I eat few fruits or vegetables, or milk products		2
4. I have 3 or more drinks of beer, liquor or wine almost every day		2
5. I have tooth or mouth problems that make it hard for me to eat.		2
6. I don't always have enough money to buy the food I need.		4
7. I eat alone most of the time.		1
8. I take 3 or more different prescribed or over-the-counter drugs a day.		1
9. Without wanting to, I have lost or gained 10 pounds in the last 6-months.		2
10. I am not always physically able to shop, cook, and or feed myself.		2
(0 – 2 Good!) (3 – 5 Moderate nutritional risk.) (6 +High nutritional risk.)	TOTAL	

Check activities of Daily Living (ADLs) with which you need assistance _____ None

Using utensils and eating without help
 Getting in and out of bed or a chair
 Dressing and undressing
 Bathing and personal hygiene
 Completing toilet activities
 Walking without getting tired

Check Instrumental Activities of Daily Living (IADLs) that you need help with: _____ None

Meal preparation
 Light housekeeping
 Shopping
 Traveling in a van, taxi, bus, or car
 Answering the phone or calling others
 Handling bill paying, banking, etc.
 Doing the laundry/outside chores
 Medication Management

FOR MORE INFORMATION PLEASE CONTACT:

Chippewa County Nutrition Program
 Kelly Zimmerman, Program Assistant
 711 N. Bridge Street, Room 118
 Chippewa Falls, WI 54729 715-738-2590
FAX FORM TO: 715-738-2589

ADRC OFFICE ONLY

APPROVED: _____ NOT APPROVED: _____
 REASON: _____

 Initial Assessment _____ Date _____
 Reassessment _____ Date _____

The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff.