**ABC ADULT DAY HEALTH CARE PROGRAM**

**STATE OF EMERGENCY**

**HOME DELIVERED MEALS PROGRAM**

**QUESTIONNAIRE**

Registrant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MR#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative (Name/Relationship): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mode of contact: \_\_\_In person \_\_\_Phone \_\_\_Email

Contact with: \_\_\_ Registrant \_\_\_Representative \_\_\_Other (Name/Relationship) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diet Order\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last weight/Date: \_\_\_\_\_\_\_\_\_ Food Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_

Dislikes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cultural Practices: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living Arrangements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Support from Family/Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_

Feeding Status: Eats independently\_\_\_\_ Requires some assistance \_\_\_\_\_\_\_\_\_ Must be fed\_\_\_\_\_\_\_\_

Ambulation Status: Walks independently\_\_\_\_\_ Assistive Device \_\_\_\_\_\_\_\_ Able to answer door\_\_\_\_\_\_

Check all that apply:

* Food Concerns:
  + Lacks financial resources while homebound
  + lacks supplies/equipment (pots, pans, microwave, etc.)
  + lacks assistive/adaptive device (built up silverware, partitioned plate, etc.)
  + unable to prepare
  + unable to safely reheat/dependent
  + unable to keep food hot/cold
* Lack of transportation to essential errands (Ex: shopping)
* Meals to be delivered: Breakfast\_\_\_\_ AM snack\_\_\_\_ Lunch\_\_\_\_ PM Snack\_\_\_\_ Dinner\_\_\_\_

**SUMMARY OF IDENTIFIED PROBLEMS AND ACTION PLAN TO ADDRESS AS NEEDED (use progress notes and care plan to provide detail of identified needs and document provider’s response over time)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Staff Signature/Title/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_