



Riverside County Office on Aging

C-2 HOME DELIVERED MEALS INTAKE FORM INSTRUCTIONS



This intake form is intended to be completed by those in the Provider's staff who have been appropriately trained to conduct assessments for Home Delivered Meals. This intake form should **not** be dropped off or left by drivers for applicants to complete by themselves.

- Per Title 22 s 7638.3 (a) (4), "Reassessments should be done quarterly **and in the home of the participant at least every other quarter.**" From client date of start.
- All questions with an asterisk are required and shall be keyed into the Q (CareAccess) database.
- All entries provided for Race, Ethnicity, Gender, Sex, Sexual Identity and Living Status reflect Q-System format. This information is used for statistical reports at State and Federal levels.
- Entries to the ADL and IADL (Activity of Daily Living and Instrumental Activities of Daily Living) section should include not only responses by the applicant to verbal questions, but also direct observations by the assessor in comments.
- Title 22 defines C2 eligibility for a frail, older individual who is "homebound by reason of illness, disability or isolation." Isolation can be further defined as a lack of transportation or living in a remote area where transport is unreliable; Lack of a caregiver or family who otherwise could assist the client; Restriction to the home due to clinical depression, security issues, etc. **Short-term** is defined as less than 3 months, up to next reassessment date.

Eligibility Questions #1-5:

1. Physical frailty includes the inability of person to stand more than 10 minutes at a time, an estimated time required to prepare a simple lunch meal using conventional kitchen appliances such as a stove-top range, microwave, refrigerator, or toaster oven.

NOTE: 2 or more activities that have Scores of 4 or 5 in Total ADLs box located at bottom of Section 2, would indicate the applicant is Physically Frail.

2. If the applicant does not have access to a vehicle and cannot ambulate more than 10 minutes at a time, which would make it difficult to use public transport, applicant would be considered to be homebound.



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3. If the applicant is not capable of preparing simple meals at home, how does he or she currently receive their meals, to include weekends?
4. Does the applicant have someone living at home who can help with meal preparation?
5. Observation while in the applicant's home may indicate need for further questioning with regards to adequate family or paid support for meals.

Does the applicant have a caregiver and if so, can the caregiver assist w/ meals?

NOTE: A caregiver assigned to the home does **not** automatically disqualify an applicant. However, applicant needs to provide documentation that their caregiving plan does not already allow daily time for caregiver to prepare and/or serve meals to applicant.

- A client receiving IHSS services is not automatically disqualified. Use discretion when determining if meal prep hours allocated are adequate for preparing 3 meals a day 7 days a week.
- Nutritional Risk Status is based on national Nutrition Screening Initiative Checklist, which is a standard set of nutrition questions used by senior nutrition agencies nationwide.
- General Assessment questions are utilized to determine if there is a need for additional nutritional services or referrals to the program RD are needed.

1. Verify presence of a microwave or oven in the applicant's home. Ask if applicant's oven works okay and/ or if microwave can tolerate foil meal containers for re-heating. Most microwaves are not able to properly heat metal containers and may damage it. Re-heating instructions should be reviewed semi-annually during home visit reassessments.

2-3. Please assess applicant's refrigerator and freezer cold storage ability by placing calibrated thermometer inside these units for at least one minute duration for each reading.
Note: Prior to assessment, assessor must put thermometer in refrigerator/freezer. With clients permission.



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4. Basic nutrition questions can be addressed with information brochures from Office on Aging or from other accredited health agencies. Questions or requests for clinical nutrition counseling should be referred to provider's program Registered Dietitian (RD). The consultation by the program RD should be done in person if at all possible.
5. Significant confusion and/or forgetfulness shown by applicant during the assessment process should be noted and referred to Office on Aging HelpLink staff, unless a caregiver in the home indicates additional services are already being provided.
6. If client has difficulty in opening milk containers, please note and make driver aware.

Administrative Notes Section:

- Referrals for Nutrition Counseling must show referral date and name of RD contacted.
- Accommodations for any physical or mental impairment as discussed during the assessment should be noted in this box.
 - **For example:** "Hard of hearing – Please knock loudly".

NOTE:

Signature block at bottom of application is used to identify the applicant and to allow them to acknowledge that all information they enter on the form will be kept confidential. If the applicant declines to sign, they may print their name, initial, or leave blank.

- If client no longer qualifies for program, provider must send a discontinuation letter stating meals will be discontinued in 2 weeks from send out date.