Mobile Meals Intake Form (Rev. 01/22)

☐ New ☐ Re-Admission ☐ Re-Assessment **Start of Service:** ________

Date of Referral: **Funding Source:**

Last Name	First Name, Middle Initial
ADDRESS APT #	CITY ZIP
TELEPHONE #:	Social Security #
Date of Birth:	Emergency Contact Phone #:
Emergency Contact Name:	Emergency Contact Address:
Relationship:	
Please Check One ☐ White (alone) Non-Hispanic ☐ White - Hispanic ☐ American Indian or Alaskan Native (Alone) ☐ Asian (Alone) ☐ Black/African American (Alone) ☐ Native Hawaiian or Pacific Islander (Alone) ☐ Persons reporting some other race	Please check category Total Monthly Income:$__________________ 2022 POVERTY LEVEL = $13,590 Yearly Income Is your Income BELOW poverty level? YES or NO

Check the activities of daily living that the person is unable to perform without personal assistance, stand-by assistance, supervision, or cues.

ADLs	IADLs
☐ Eating	☐ Preparing Meals
☐ Dressing	☐ Shopping for personal items
☐ Bathing	☐ Medication management
☐ Toileting	☐ Managing money
☐ Transferring in and out of bed/chair	☐ Using telephone
☐ Walking	☐ Light/heavy housework
	☐ Transportation ability

Food Allergies: ______________________________ **Diabetic: YES_____NO_____ - Special Diet?**____________________________

Are you disabled? YES_____ NO_____ If yes, what is disability? __________________________________

Frail: YES_____ NO_____ Vulnerable: YES _______ NO_______

Do you drive a vehicle? YES____ NO_____ Marital Status? ________________________________

Do you live alone? YES____ NO____ If no, who do you live with? ________________________________

Are you a Veteran? YES_____NO_____

Do you have insurance through a Managed Care Organization (HMO)? Yes ____ No_____

If yes, which company? ____

Do you receive assistance from a Home Health Aide? Yes____ No ____

Do you need additional help? Yes_____ No_____

If so, what kind of help? ____

Print Name: _________________________ Date: _______________________

Signature: ___________________________

Manager, Mobile Meals: _________________________ Date: __________________