



Senior Nutrition Program HOME-DELIVERED Meals (C2) – Client Reassessment Form FY2023-2024

CONFIDENTIAL

PROVIDER LOCATION: _____

TO RECEIVE HOME DELIVERED MEALS: Person must be aged 60 or older, homebound due to illness or disability, unable to prepare meals, unable to drive, and unable to attend a congregate meal site if transportation were provided. There is no charge for meals; however, donations are accepted. A person will not be denied services if that individual chooses not to donate.

1st Quarter (90-days from initial application date)- Phone Reassessment

Date:		Phone:		Birth Date: <i>(Required)</i>	
Last Name:		First Name: <i>(No nicknames)</i>			
APPLICANT ELIGIBILITY				YES	NO
Is applicant homebound due to illness, disability, or isolation?				<input type="checkbox"/>	<input type="checkbox"/>
Are you a spouse of a person who is homebound?				<input type="checkbox"/>	<input type="checkbox"/>
Are you an individual with a disability who resides with a homebound meal recipient?				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Illness <input type="checkbox"/> Disability <input type="checkbox"/> Isolated	
Have you ever served in the United States military?				<input type="checkbox"/>	<input type="checkbox"/>
Are you a spouse, legal partner, parent, or child of a person who is serving in the United States Military?				<input type="checkbox"/>	<input type="checkbox"/>
DO NOT WRITE IN THIS BOX – OFFICIAL USE ONLY					
Signature:			<input type="checkbox"/> Senior	<input type="checkbox"/> Spouse	<input type="checkbox"/> Non-Senior Disabled
Reviewed by:	Staff	Volunteer	Type of Meals:		Hot Frozen

2nd Quarter (6-months from initial application date)- In-Home Reassessment

Date:		Phone:		Birth Date: <i>(Required)</i>	
Last Name:		First Name: <i>(No nicknames)</i>			
APPLICANT ELIGIBILITY				YES	NO
Is applicant homebound due to illness, disability, or isolation?				<input type="checkbox"/>	<input type="checkbox"/>
Are you a spouse of a person who is homebound?				<input type="checkbox"/>	<input type="checkbox"/>
Are you an individual with a disability who resides with a homebound meal recipient?				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Illness <input type="checkbox"/> Disability <input type="checkbox"/> Isolated	
Have you ever served in the United States military?				<input type="checkbox"/>	<input type="checkbox"/>
Are you a spouse, legal partner, parent, or child of a person who is serving in the United States Military?				<input type="checkbox"/>	<input type="checkbox"/>
DO NOT WRITE IN THIS BOX – OFFICIAL USE ONLY					
Signature:			<input type="checkbox"/> Senior	<input type="checkbox"/> Spouse	<input type="checkbox"/> Non-Senior Disabled
Reviewed by:	Staff	Volunteer	Type of Meals:		Hot Frozen

3rd Quarter (9-months from initial application date)- Phone Reassessment

Date:		Phone:		Birth Date: <i>(Required)</i>	
Last Name:		First Name: <i>(No nicknames)</i>			
APPLICANT ELIGIBILITY				YES	NO
NOTE:					

Is applicant homebound due to illness, disability, or isolation?		<input type="checkbox"/>	<input type="checkbox"/>	If the answer is Yes to any question, the applicant is eligible for home-delivered meal. Please specify why client is homebound:					
Are you a spouse of a person who is homebound?		<input type="checkbox"/>	<input type="checkbox"/>						
Are you an individual with a disability who resides with a homebound meal recipient?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Illness <input type="checkbox"/> Disability <input type="checkbox"/> Isolated					
Have you ever served in the United States military?		<input type="checkbox"/>	<input type="checkbox"/>	If the answer is Yes to either question, please fill out a new intake form with revised CDA guidelines. Regarding the veteran's consent question.					
Are you a spouse, legal partner, parent, or child of a person who is serving in the United States Military?		<input type="checkbox"/>	<input type="checkbox"/>						
DO NOT WRITE IN THIS BOX – OFFICIAL USE ONLY									
Signature:		<input type="checkbox"/>	Senior	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Non-Senior Disabled		
Reviewed by:	<input type="checkbox"/>	Staff	<input type="checkbox"/>	Volunteer	Type of Meals:	<input type="checkbox"/>	Hot	<input type="checkbox"/>	Frozen