

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

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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:	(00 0.0.)			Phone:	none:						te: /	Required)				
Last Naı	me:			First Name:							,	,,		<u> </u>		
APPLICANT ELIGIBILITY						YES)	NOTE:							
Is applicant homebound due to illness, disability, or isolation?									If the answer is Yes to any question, th							
Are you a spouse of a person who is homebound?										applicant is eligible for home-delivered meal. Please specify why client is homebound:						
Are you an individual with a disability who resides with a homebound meal recipient?									l	Illness Disability Isolated						
Have you	u ever ser	ved in	the United	l States mil	litary?						If the answer is Yes to either question, please fill out a new intake form with					
Are you a spouse, legal partner, parent, or child of a person who is serving in the United States Military?											revised CDA guidelines. Regarding the veteran's consent question.					
DO NOT WRITE IN THIS BOX – OFFICIAL USE ONLY																
Signat	ture:						Seni	or [Spo	use		n-Senior Disabled			
Review	eviewed by: Staff Volunteer							of M	leals:	Hot Frozen						
^{2™} Quarter (6-months from initial application date)- In-Home Reassessment																
Date:				Phone:	Phone:						Birth Date: (Required)					
Last Na	me:					First N	lame:	(No nic	knames)							
APPLICA	ANT ELIGI	BILITY						YES	NO)	NOTE:					
Is applicant homebound due to illness, disability, or isolation?										If the answer is Yes to any question, the applicant is eligible for home-delivere						
Are you a spouse of a person who is homebound?									meal. Please specify wh					ecify why client is		
Are you an individual with a disability who resides with a homebound meal recipient?							ound			 	☐ Illness ☐ Disability ☐ Isolated					
Have you ever served in the United States military?											If the answer is Yes to either question, please fill out a new intake form with					
Are you a spouse, legal partner, parent, or child of a person who is serving in the United States Military?									rev	revised CDA guidelines. Regarding the veteran's consent question.						
DO NOT WRITE IN THIS BOX – OFFICIAL USE ONLY																
Signature:							or		Spo	use		No	n-Senior Disabled			
Reviewed by: Staff Volunteer						_		leals:	•		Hot	1	Frozen			
3 rd Quarter (9-months from initial application date)- Phone Reassessment																
Date:	Pate: Phone:							Birth Date:								
Last Name:						First N	lame:	(No nic	No nicknames)							
		APPLICANT ELIGIBILITY						YES					N 14	OTE:		

Is applicant homebou	tion?								o any question, the for home-delivered					
Are you a spouse of a person who is homebound?									meal. Please specify why client in homebound:					
Are you an individual meal recipient?	ound				llnes	ss 🗆 D	isak	oility Isolated						
Have you ever served in the United States military?								If the answer is Yes to either question, please fill out a new intake form with						
Are you a spouse, legal partner, parent, or child of a person who is serving in the United States Military?								revised CDA guidelines. Regarding the veteran's consent question.						
DO NOT WRITE IN THIS BOX – OFFICIAL USE ONLY														
Signature:					Senic	or		Spo	use		lon-	-Senior Disabled		
Reviewed by:	Staff		Volunteer		Туре	of M	eals:			Hot		Frozen		