2011 Consumer Assessment

I.A. Consumer Demographics

Last Name, First Name, Middle Initial:

Gender: ☐ Male ☐ Female	Birth Date: / /	Age:
Soc. Sec. Number (last 4 digits): XXX - X X - _ _ _ _	Are you Hispanic or Latino? ☐ Yes ☐ No	What is your race?

What is your monthly income range?	☐ $ 907 or less ☐ $ 908 to $1,134 ☐ $1,135 to $1,678 ☐ $1,679 or more	What is you and your spouse's monthly married income range?	☐ $1,225 or less ☐ $1,226 to $1,532 ☐ $1,533 to $2,267 ☐ $2,268 or more

Marital Status:	☐ Married	☐ Single	☐ Divorced	☐ Widowed	☐ Other
Employment:	☐ Full-time	☐ Part time	☐ Temporary jobs	☐ Not employed	
Are you willing to volunteer?	☐ Yes	☐ No	☐ Currently volunteering	☐ Don't know	
Are you a veteran?	☐ Yes	☐ No	What is your primary language?		
Do you have vision problems?	☐ Yes	☐ No	Do you wear eye glasses?	☐ Yes	☐ No
Do you have hearing problems?	☐ Yes	☐ No	Do you use a hearing aid?	☐ Yes	☐ No

I. B. Address

Residential Street Address	
Residential City or Town	State, Residential Zip Code
County of Residence	Telephone Number (including area code):
Mailing Address - Street/P.O. Box	
Mailing City or Town	State, Mailing Zip Code

I.C. Living Situation Information

What is your living arrangement?	☐ Live Alone	☐ Live with spouse/partner	☐ Live with extended family	☐ Live with non-relatives
Where do you live?	☐ Own home	☐ Rent home/apartment/room	☐ Family member's residence	☐ Long-term care facility
	☐ Homeless	☐ Other		
What is the name of your spouse (optional if applicable)?				

I.D. Consumer Contacts

Name of friend or relative (**other than spouse/partner**) to contact in case of an emergency:

Relationship to emergency contact (**other than spouse/partner**):

Telephone number (including area code) of friend or relative to contact in case of an emergency:

Name of your primary care physician:

Telephone number (including area code) of your primary care physician:

I have been informed of the policies regarding voluntary contributions, complaint procedures and appeal rights.

Signature____ Date__________________

II.A. Nutrition Checklist (If answer "yes," circle the score. Add the scores to determine your total nutritional score.)	**Yes**	**No**	**Yes Score**
I have an illness or condition that made me change the kind and/or amount of food I eat.			2
I eat fewer than 2 meals per day.			3
I eat few fruits or vegetables or milk products.			2
I have 3 or more drinks of beer, liquor, or wine almost every day.			2
I have tooth or mouth problems that make it hard for me to eat.			2
I don't always have enough money to buy the food I need.			4
I eat alone most of the time.			1
I take 3 or more different prescribed or over the counter drugs a day.			1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.			2
I am not always physically able to shop, cook and/or feed myself.			2
What is the consumer's nutritional risk score? (0-2 = No Risk 3-5 = Moderate Risk 6 or more = High Risk) **Total 'Yes' Score:** _______			

III.A. ADLs (Activities of Daily Living)	**Yes**	**No**	**III.B. IADLs (Instrumental Activities of Daily Living)**	**Yes**	**No**
I can eat without help.			I can manage money without help.		
I can dress myself without help.			I can take care of shopping without help.		
I can bathe myself without help.			I can take my medication without help.		
I can use the toilet without help.			I can prepare meals without help.		
I can get in and out of bed/chairs without help.			I can do ordinary housework without help.		
I can get around inside my home without help.			I can use the telephone without help.		
			I can use transportation without help.		
			Are you currently receiving assistance with ADLs or IADLs from anyone?		
			From whom are you receiving assistance with ADLs and or IADLs?		
What is the consumer's ADL count? **Total 'No' Score:** _____			What is the consumer's IADL count? **Total 'No' Score:** _____		

III.C. Other Eligibility Criteria - *For assessor's use only*	**Yes**	**No**
Does the consumer require Home Health Aide based on orders from a physician?		
Does the consumer reside in a rural area (to justify home delivered meals)?		
Can the consumer perform chore activities without help?		
Is the consumer homebound?		
Is the consumer homebound because he/she lives in a remote geographic location?		
Reason consumer is homebound (**other than graphic location**):		
Comment on the consumer's inability to perform chore services:		
Describe how to get to the consumer's home:		
Consumer's current level of cognitive functioning: ☐ Alert/oriented ☐ Requires assistance in routine situations due to lack of cognitive functioning		