Florida Department of Elder Affairs
701C Congregate Meals Assessment
Rule: 58-A-1.010, F.A.C.

Provider ID: ____________ **Provider Assessor/CM ID:** ____________

Assessor/Case Manager (CM) Name: ____________ **Signature:** ____________

1. Social Security number: ____________
2. Name: a. First: ____________
   b. Middle initial: ______ c. Last: ____________
3. Medicaid number: ____________
4. Phone number: ____________
5. Date of birth *(mm/dd/yyyy)*: ____________
6. Sex: ☐ Male ☐ Female
7. Race *(Mark all that apply)*: ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific ☐ Other
8. Ethnicity: ☐ Hispanic/Latino ☐ Other
9. Primary language: ☐ English ☐ Spanish ☐ Other: ______
10. Does client have limited ability reading, writing, speaking, or understanding English? ☐ No ☐ Yes
11. Marital status: ☐ Married ☐ Partnered ☐ Single ☐ Separated ☐ Divorced ☐ Widowed
12. Home Address
    a. Street: ____________
    b. City: ____________ c. ZIP code: ______
13. Mailing Address *(If different from home address)*
    a. Street: ____________ b. City: ____________
    c. State: ____________ d. ZIP code: ______
14. **ASSESSOR/CM:** Assessment date: *(mm/dd/yyyy)* ____________
15. **ASSESSOR/CM:** Referral date: *(mm/dd/yyyy)* ____________
16. **ASSESSOR/CM:** Referral source: ☐ Self/Family ☐ Nursing facility ☐ Case management agency ☐ CARES ☐ Aging out ☐ Hospital ☐ Department of Children and Families ☐ Other ☐ APS; *Select level of APS risk:* ☐ High ☐ Intermediate ☐ Low
17. Do you need outside assistance to evacuate? ☐ No ☐ Yes
18. Are you enrolled on a special needs registry? ☐ No ☐ Yes
19. Is there a primary caregiver? ☐ No ☐ Yes
20. Living situation: ☐ With primary caregiver ☐ With other caregiver ☐ With other ☐ Alone

21. Individual monthly income: $ ______ ☐ Refused
22. Couple monthly income: $ ______ ☐ Refused ☐ N/A
23. Estimated total individual assets: $ ______
    ☐ $0 to $2,000 ☐ $2,001 to $5,000 ☐ $5,001 or more ☐ Refused
24. Estimated total couple assets: $ ______
    ☐ $0 to $3,000 ☐ $3,001 to $6,000 ☐ $6,001 or more ☐ Refused ☐ N/A
25. Are you receiving S/NAP (food stamps)? ☐ No ☐ Yes
26. Do you need other assistance for food? ☐ No ☐ Yes
27. **ASSESSOR/CM: Is someone besides the client providing answers to questions?** ☐ No *(Skip to 28)* ☐ Yes
    a. Name: ______ b.Relationship: ______
28. Besides your own children, how many children under age 19 do you live with and provide care for? *(if 0, skip to 29)* # ______
    a. How many are grandchildren? # ______ Name(s): ______
    b. How many are other related children? # ______ Name(s): ______
    c. How many are other non-related children? # ______ Name(s): ______
29. How many disabled adults age 19 to 59 do you live with and provide care for? *(if 0, skip to 30)* # ______
    a. How many are grandchildren? # ______ Name(s): ______
    b. How many are other relatives? # ______ Name(s): ______
    c. How many are other non-relatives? # ______ Name(s): ______

30. How much assistance do you <u>need</u> with the following tasks?

Task	No assistance needed	Uses assistive device	Needs supervision or prompt	Needs assistance (but not total help)	Needs total assistance (cannot do at all)
a. Eating	☐	☐	☐	☐	☐
b. Preparing meals	☐	☐	☐	☐	☐
c. Shopping	☐	☐	☐	☐	☐

31. How much assistance do you <u>have</u> with the following tasks?

Task	No assistance needed	Always has assistance	Has assistance most of the time	Rarely has assistance	Never has assistance
a. Eating	☐	☐	☐	☐	☐
b. Preparing meals	☐	☐	☐	☐	☐
c. Shopping	☐	☐	☐	☐	☐

32. Do you usually eat at least two meals a day? ☐ No ☐ Yes
33. Do you eat alone most of the time? ☐ No ☐ Yes
34. How many cups of water, juice, or other liquid do you drink daily? *(If more than eight, skip to 35)* # ______
    a. Do you ever limit the amount of fluids you drink? ☐ No ☐ Yes

35. On average, how many servings of fruits and vegetables do you eat every day? (*One "serving" is one small piece of fruit or vegetable, about one-half cup of chopped fruit or vegetable, or one-half cup of fruit or vegetable juice.)* # ________

36. On average, how many servings of dairy products do you have every day? *(One "serving" of dairy is about a slice of cheese, a cup of yogurt, or a cup of milk or dairy substitute.)* # ________

37. Estimate your current height and weight: Height: ______ *ft.* ______ *inches* Weight: ______ *lbs.*

38. Have you lost or gained weight in the last few months? ☐ Unsure *(Skip to 39)* ☐ No *(Skip to 39)* ☐ Yes

   a. How much? ☐ Less than five pounds ☐ Five to ten pounds ☐ Ten pounds or more

   b. Was the weight loss/gain on purpose *(i.e. dieting or trying to lose/gain weight)*? ☐ No ☐ Yes

39. Are you on a special diet(s) for medical reasons? ☐ No ☐ Yes; *check any/all*:

   ☐ Calorie supplement ☐ Low fat/cholesterol ☐ Low salt/sodium ☐ Low sugar/carb ☐ Other

40. Do you have any problems that make it hard for you to chew or swallow? ☐ No ☐ Yes; *check any/all*:

   ☐ Mouth/tooth/dentures ☐ Pain or difficulty swallowing ☐ Taste ☐ Nausea

   ☐ Saliva production ☐ Other, *describe*: ________

41. What working appliances do you have for storing/preparing food?

   ☐ None ☐ Refrigerator ☐ Microwave ☐ Toaster/Oven ☐ Stove ☐ Other: ________

42. Do you take three or more prescribed or over-the-counter medications a day? ☐ No ☐ Yes

43. How many days in a typical week do you drink alcohol? ☐ Refused *(Skip a)* ☐ None *(Skip a)*

   ☐ One to two ☐ Three to five ☐ Six to seven

   a. On the days when you have some alcohol, about how many drinks do you usually have?

   ☐ One to two ☐ Three to five ☐ Six or more

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WHY ARE WE COLLECTING YOUR SOCIAL SECURITY NUMBER?

We are required to explain that your Social Security number is being collected pursuant to Title 42 Code of Federal Regulations, Section 435.910, to be used for screening and referral to programs or services that may be appropriate for you.

The provision of your Social Security number is voluntary, and your information will remain confidential and protected under penalty of law. We will not use or give out your Social Security number for any other reason unless you have signed a separate consent form that releases us to do so.