

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

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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 need 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. How much assistance do you have 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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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.