Florida Department of Elder Affairs
Scorable 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. State: _____ 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 SNAP (food stamps)? ☐ No ☐ Yes

26. Do you need other assistance for food? ☐ No ☐ Yes: **4 pts.** ☐

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	☐	☐	☐	☐	☐

If needs any amount of supervision or assistance on either eating, preparing meals, or shopping: 2 pts. ☐

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: **3 pts.** ☐ Yes ☐

33. Do you eat alone most of the time? ☐ No ☐ Yes: **1pt.** ☐

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.)*
If fewer than a total of 5 servings of vegetables, fruit, or dairy products each day: 2 pts. #

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

38. Have you lost or gained weight in the last six 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)?*
If weight loss is ten pounds or more and not on purpose: 2pts. ☐ No ☐ Yes

39. Are you on a special diet(s) for medical reasons? ☐ No ☐ Yes: **2 pts.** *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, **2 pts.** *check*:
☐ 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: **1pt.**

43. How many days in a typical week do you drink alcohol? ☐ Refused *(Skip a)* ☐ None *(Skip a)*
☐ One to two days ☐ Three to five days ☐ Six to seven days: **If 3+ drinks per day, 2pts.**

a. On the days when you have some alcohol, about how many drinks do you usually have?
☐ One to two drinks ☐ Three to five drinks ☐ Six or more drinks

Total nutrition score, out of 21 points

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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.