

Home-Delivered Evaluation

Client Name: _____

Evaluation Dates

Meal Preparation Ability

- Client is able to get own meal, appropriate to diet
- Client has someone to help him/her (homemaker/relative)
- Client is able to get only simple meals or meals inappropriate to diet
- Client refused to cook - not interested
- Client is unable to cook, either physically or mentally

24	24	24	24
12	12	12	12
2	2	2	2
1	1	1	1
0	0	0	0

Living Conditions

- With compatible family members
- Alone - has cooking facilities
- With incompatible family member/friend
- Alone - in substandard housing, does not have cooking facilities

4	4	4	4
3	3	3	3
1	1	1	1
0	0	0	0

Ambulation

- Able to walk without assistance
- Able to walk with cane/walker/wheelchair
- Unsteady and will fall easily/unable to operate wheelchair
- Bed ridden - bed/chair bound

4	4	4	4
3	3	3	3
1	1	1	1
0	0	0	0

Health

- Client is in good physical health
- Client has minor chronic illness
- Client has acute illness/recovering from surgery
- Client has chronic debilitating illness

4	4	4	4
3	3	3	3
1	1	1	1
0	0	0	0

Ability to leave home

- Client is able to get out on own; uses own transportation
- Client is able to walk to store but cannot use own transportation
- Client gets out with help of others
- Client is able to get out with help of others, but does so infrequently
- Client is unable to get out at all, only for medical reasons

4	4	4	4
3	3	3	3
2	2	2	2
1	1	1	1
0	0	0	0

Mental conditions

- Client appears to be rational
- Client has memory lapses
- Client appears to be rational, but depressed
- Client has mental/emotional handicaps that inhibit activities of daily living

4	4	4	4
3	3	3	3
2	2	2	2
0	0	0	0

Financial Status (Gross income for entire household)

- Over \$13,000 a year
- Up to \$13,000 a year
- Up to \$11,000 a year
- Up to \$8,000 a year
- Up to \$6,000 a year

4	4	4	4
3	3	3	3
2	2	2	2
1	1	1	1
0	0	0	0

Priority Scoring Total

1. (10-0) Client needs meals program immediately. Try to network community resources as soon as possible. Reevaluation should be done quarterly.
2. (16-11) Client needs meals program as soon as possible. Reevaluation should be done quarterly.
3. (22-17) Client needs meals, but is low priority and should be re-evaluated in six months.
4. (28-23) No meal required. Person should be evaluated and encouraged to attend congregate program to become more independent.

Evaluators Signature:

1. _____ Date: _____
2. _____ Date: _____
3. _____ Date: _____
4. _____ Date: _____