## **Home-Delivered Evaluation**

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Client Name:

## **Evaluation Dates**

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Meal Preparation Ability   24   24   24     Client is able to get own meal, appropriate to diet   12   12   12   12     Client has someone to help him/her (homemaker/relative)   12   12   12   12   12     Client is able to get only simple meals or meals inappropriate to diet   2   2   2   2     Client refused to cook - not interested   1   1   1   1   1     Client is unable to cook, either physically or mentally   0   0   0   0     Living Conditions   4   4   4   4     Alone - has cooking facilities   3   3   3   3     With noompatible family member/friend   1   1   1   1     Alone - in substandard housing, does not have cooking facilities   0   0   0     Able to walk with cane/walker/wheelchair   3   3   3   3     Unsteady and will fall easily/unable to operate wheelchair   1   1   1   1     Bed ridden - bed/chair bound   0   0   0   0   0   0     Client is in good physical health   4
Client is able to get own meal, appropriate to diet242
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Client gets out with help of others 2 2 2
Client is unable to get out at all, only for medical reasons 0 0 0
Mental conditions
Client appears to be rational 4 4 4
Client has memory lapses 3 3 3
Client appears to be rational, but depressed 2 2 2
Client has mental/emotional handicaps that inhibit activities of daily living 0 0 0
Financial Status (Gross income for entire household)
Over \$13,000 a year 4 4
Up to \$13,000 a year 3 3 3
Up to \$11,000 a year 2 2 2
Up to \$8,000 a year 1 1 1
Up to \$6,000 a year 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: