

Contractor Name \_\_\_\_\_

CONFIDENTIAL

## Home-Delivered Meals Quarterly Reassessments

First Name	MI	Last Name	Annual Intake Form Date	Annual Assessment Form Date
	<b>Reassessment #1</b>	<b>Reassessment #2</b>	<b>Reassessment #3</b>	<b>Reassessment #4</b>
Reassessment Date				
Completed by				
Location/Type	<input type="checkbox"/> Phone Call <input type="checkbox"/> _____	<input type="checkbox"/> Home Visit <input type="checkbox"/> _____	<input type="checkbox"/> Phone Call <input type="checkbox"/> _____	<input type="checkbox"/> Home Visit <input type="checkbox"/> _____
<b>Review Intake Form &amp; Assessment Form</b>				
<i>ANY CHANGES in the following areas?</i>				
Contact info	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Household	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Caregivers	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Health	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
HDM Eligibility	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
ADL/IADLs	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Date updated in Q:				
<b>Referrals to other services</b>				
<b>Client comments on meals</b>				
<b>Staff Signature</b>				