

## MEALS OF LOVE

### ONLINE INFORMATION GATHERING TOOL

Outbound callers for the Meals of Love program may be needed to assist our seniors with the onboarding process. The online information gathering tool is a modification of the Florida Department of Elder Affairs 701C Congregate Meals Assessment.

Please use the following guidance for each of the questions of the gathering tool.

The online tool can be found at: <https://mealsoflove.org/for-seniors/>

#### 1. Today's Date

**2. Name:** Obtain the client's full name (first, middle initial, and last) and note it in the spaces provided. If the client does not have a middle initial, leave the space blank.

**3. Email:** Obtain the client's or caregivers email. Use [none@none.com](mailto:none@none.com) if necessary.

**4. Phone Number:** Note the client's area code and primary phone number, if there is a phone, in the space provided. The phone number includes the area code and the seven-digit phone number. If the client does not have a phone, leave the item blank. If the client also has a mobile phone, ask for the number that is the best way to reach them and note the other in the "Notes & Summary" section.

**5. Date of Birth:** In the space provided, note the client's date of birth in a two-number format for the month (i.e., February would be '02'). Likewise, use the two-number format for the day (i.e., the third of the month would be '03') and a four-number format for the year (i.e., 2013) as indicated by "mm/dd/Yiyi" throughout the form.

**6. Sex:** Mark the appropriate box to indicate whether the client identifies themselves as female or male.

**7. Race:** Obtain the client's response and mark the box or boxes, as applicable, to indicate the client's race. Clients may provide more than one response. These categories are consistent with federal reporting requirements:

- "White"
- "Black/African American"
- "Asian"
- "American Indian/Alaska Native"
- "Native Hawaiian/Pacific Islander"
- "Other" (Any other racial group not coded above).

**8. Ethnicity:** Obtain the client's response and mark the appropriate box to indicate the client's ethnicity. "Hispanic/Latino" is the only ethnicity required for federal reporting. A person who identifies as Hispanic or Latino may be from any racial group. If it is needed information for service referrals, use the space provided in the "Notes & Summary" section to indicate what culturally specific accommodations may be necessary.

**9. Primary Language:** Mark the appropriate box to indicate the primary language spoken by the client. If collected in advance of the assessment during the screening process, this information may enable the agency to send a worker to the home or arrange for someone who will be able to communicate most effectively with the client.

**10. Limited English Proficiency (LEP):** Mark the appropriate box to indicate whether the client has limited ability to read, write, or speak in the English language, or to understand spoken English ("No" or "Yes"). This can be due to the client's primary language being other than English, literacy issues, or physical impairments. This is not meant for clients who understand English but are deaf or hard of hearing.

**11. Marital Status:** Select from the listed options. Obtain the client's response and mark the appropriate box to indicate the client's current marital status:

- "Married:" An individual who has a legal husband or wife.
- "Partnered:" An individual who is in a relationship with a person, other than a legal spouse.
- "Single:" An individual who has never been married.
- "Separated:" An individual who is legally married but is living apart from their spouse.
- "Divorced:" An individual whose marriage has been legally dissolved.
- "Widowed:" An individual whose spouse died while they were still married.

**12. Home Address:** Note the home address, including the a. street, b. city, and c. ZIP code. The home address is where the client maintains their belongings or a home they would return to if they could be discharged from a facility. It may be the same as current physical location; if so, you may leave it blank and indicate in CIRTS that the address of the current physical location should be copied into the home address fields.

**13. Mailing Address:** Note the mailing address, including the a. street, b. city, c. state, and d. ZIP code if different from the address of the client's current physical location. This is especially important for the Home Care for the Elderly (HCE) program since this is the address to which the caregiver's basic subsidy is mailed. You may leave this item blank on the forms, if the client does not have a mailing address that is different from their current location.

**14. Assessment Date:** The assessment date is the date the assessment is completed by the Assessor/Case Manager. In the space provided, record the date in a two-number format for the month, two-number format for the day, and a four-number format for the year, as indicated by "mm/dd/yyyy" throughout the form.

**15. Referral Date:** The referral date is the date that the referral was received at the receiving agency from the referral source. There may be an earlier date on a referral form, but the responsibility begins when the information is actually received. Enter the referral date in the space provided. Record the date in this format: mm/dd/yyyy.

**16. Referral Source:** The referral source is the person or agency making the referral for an assessment or services. A referral can be received from any source. Mark the appropriate box of the source of the referral:

- "Self/Family:" The client has referred him or herself or the client's family has referred him/her.
- "Nursing facility:" A freestanding facility that is certified under Medicare/Medicaid to provide skilled nursing.
- "Case management agency:" An agency that provides case management services.
- "CARES:" Comprehensive Assessment and Review for Long-Term Care Services.
- "Aging out:" CCDA Aging Out of the Community Care for Disabled Adults Program or HCDA Aging Out of the Home Care for Disabled Adults Program.
- "Hospital:" An institution that provides care for acute illnesses is making the referral.
- "Department of Children and Families."
- "Other" (Any other referral source not coded).
- "APS:" Adult Protective Services; Abuse/Neglect/Exploitation at DCF is making the referral.

**17. Outside Assistance to Evacuate:** Mark the appropriate box to indicate whether the client needs outside assistance to evacuate during emergencies ("No" or "Yes"). If the individual is able to evacuate the home or has arrangements with a caregiver or another person to help them to evacuate, then outside assistance is not needed. This question determines if there is a need for assistance to be set up by the Assessor/Case Manager.

**18. Special Needs Registry:** Mark the appropriate box to indicate whether the client is registered with the County Special Needs Registry ("No" or "Yes"). Each county in Florida has a listing of persons who have disabilities or health conditions that make it vital for them to receive help with evacuation during emergencies. Ensuring that clients with evacuation needs are on the county listing is a function of the Assessor/Case Manager.

**19. Is There a Primary Caregiver:** Mark the appropriate box to indicate whether there is a Primary Caregiver ("No" or "Yes"). A primary caregiver is defined as any person who regularly can be depended on to provide or arrange help as needed with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). This person:

- May or may not be related by birth or marriage;
- May or may not live with the client or live nearby; and,
- Does not include operators of assisted living facilities, nursing homes, adult family care home sponsors, home health agencies, service provider staff or other paid care providers.

**20. Living Situation:** Mark the appropriate box to indicate the client's current living situation ("With primary caregiver" (as defined above), "With other caregiver," "With other," "Alone"). If the client is in a facility, the response would be "Alone."

**21. Individual Monthly Income:** Income information is needed to give the Assessor/Case Manager an idea of whether the individual might qualify financially for Medicaid services so that appropriate referrals will be made. Indicate the client's gross monthly income in the space provided. Include income from Social Security, SSI, money received from family on a regular basis, pension, retirement, savings, disability or veteran's assistance benefits, earnings from employment, rental income, etc.

**22. Couple Monthly Income:** Indicate the client's gross monthly "couple" income, if applicable, in the space provided. Couple Income is only counted for persons who are married and living together. If a client refuses to give this information, check the "Refused" box. If the client is not currently married/living with a spouse, check the "N/A" (not applicable) box.

**23. Estimated Total Individual Assets:** Asset information is needed to give the Assessor/Case Manager an idea of whether the individual might qualify financially for Medicaid services so that appropriate referrals will be made. In the space provided, indicate the client's estimated total assets, excluding the worth of the client's home, one car, and \$2,500 in designated burial assets. If the client cannot or will not provide a specific figure, give the three ranges and ask which range the assets would fall within: "\$0 to \$2,000," "\$2,001 to \$5,000," "\$5,001 or more." If a client refuses to give this information, check the "Refused" box.

**24. Estimated Total Couple Assets:** In the space provided, indicate the client's estimated total "couple" assets, excluding the worth of the couple's home, one car, and \$5,000 in designated burial assets. Next, indicate which of three categories best represents the client's couple assets. If the client cannot or will not provide a dollar figure, give the three ranges and ask which range the assets would fall within, marking the box that is applicable ("0 to \$3,000," "\$3,001 to \$6,000," "\$6,001 or more"). If a client refuses to give this information, check the "Refused" box. If the client is not currently married/living with a spouse, check the "N/A" (not applicable) box.

**25. Are You Receiving S/NAP (Food Stamps)?:** Mark the appropriate box to indicate whether the client is currently receiving S/NAP (Supplemental Nutritional Assistance Program) ("No" or "Yes").

**26. Do You Need Other Assistance for Food?** Mark the appropriate box to indicate whether the client needs other assistance for food ("No" or "Yes"). The client may not be eligible for S/NAP (Food Stamps) but still need help in obtaining food. Other sources of food assistance could be local food pantries, religious groups, or service organizations.

**27. Client Answering Questions?** Mark the appropriate box to indicate whether someone besides the client is providing answers to the questions in the assessment ("No" or "Yes").

- If someone else is not providing answers ("No"), skip a-b.
- If someone else is providing answers ("Yes"), indicate the **name** of the person as well as **their relationship** to the client in spaces a. and b.

**28. Children the client lives with and provides care for:** Indicate the total number of children, besides the client’s own children, under age 19 that live with and are cared for by the client by entering a number on the line provided.

- If the response is zero, skip a-c.
- If the response is one or more, enter the number and name(s) in items a-c.
- If any number response is zero in a-c, leave the name(s) blank.

**29. Disabled adults the client lives with and provide care for:** Indicate the total number of disabled adults, aged 19 to 59 that live with and are cared for by the client by entering a number in the box provided.

- If the response is zero, skip a-c.
- If the response is one or more, enter the number and name(s) in items a-c.
- If any number response is zero in a-c, leave the name(s) blank.

**30. Activities of Daily Living (ADLs):** Ask the client how much assistance s/he needs with completing the tasks listed on the form for activities a-f, and determine the amount of help needed from the following range:

- “No assistance needed:” Indicates that client needs no help to perform any part of the activity.
- “Uses assistive device:” Indicates that the client needs an assistive device or technology to complete the activity.
- “Needs supervision or prompt:” Indicates that the client needs reminders or supervision during the activity. Otherwise s/he needs no physical help to perform the activity.
- “Needs assistance (but not total help):” Indicates that the client needs hands-on physical help during part of the activity.
- “Needs total assistance (cannot do at all):” Indicates that the client cannot complete activity without total physical assistance.

**31. Activities of Daily Living (ADLs):** Ask the client how much assistance s/he has with completing the tasks listed on the form for activities a-f, and determine the amount of help needed from the following range:

- “No assistance needed:” Indicates that client needs no help to perform any part of the activity.
- “Uses assistive device:” Indicates that the client needs an assistive device or technology to complete the activity.
- “Needs supervision or prompt:” Indicates that the client needs reminders or supervision during the activity. Otherwise s/he needs no physical help to perform the activity.
- “Needs assistance (but not total help):” Indicates that the client needs hands-on physical help during part of the activity.
- “Needs total assistance (cannot do at all):” Indicates that the client cannot complete activity without total physical assistance.

**32. Two meals a Day:** Indicate the client’s response to this question by marking the appropriate box (“No” or “Yes”). It is important to determine how many meals a client eats a day, as nutrition is vitally important to good health. If the client states s/he does not eat at least two meals a day, the Assessor/Case Manager needs to ask the client why. Be sure to include this information in the “Notes & Summary” section.

**33. Eat Alone:** Ask the client whether s/he eats alone most of the time and mark the appropriate response (“No” or “Yes”). This question is very important, as it could indicate social isolation. If the response is “Yes,” the Assessor/Case Manager needs to discuss the reasons with the client. Be sure to include this information in the “Notes & Summary” section.

**34. Liquid Intake:** First, ask the client how many cups of water, juice, or other liquid s/he drinks daily. If the response is more than eight, skip questions a. and b. If the response is less than eight, ask question a. :

- a. **Limits Fluids:** Ask the client if s/he ever limits the amount of fluids s/he drinks and mark the appropriate response (“No” or “Yes”). If the response is negative (“No”), skip question b. If the client does limit fluids (“Yes”), then ask b.

**35. Fruits/Vegetable Intake:** Read the description of serving size and then ask the client how many servings of fruits and vegetables s/he eats every day, on average. Record the numerical response in the box.

**36. Dairy Intake:** Read the description of serving size and then ask the client how many servings of dairy products s/he has every day, on average. Record the numerical response in the box.

**37. Height/Weight Estimate:** Current height and weight are also related to nutrition. The client may not know her/his current height or weight, or may not care to divulge the information, but note the information you are able to obtain from the client. Record weight in pounds and height in feet and inches

**38. Gained/Lost Weight:** Ask the client if s/he has lost or gained weight in the last few months and mark the appropriate response (“Unsure,” “No,” or “Yes”). Note: “The last few months” is used instead of a specific time frame to allow for ambiguity of client recall. The Assessor/Case Manager may need to prompt the client with “in a time frame of the last 3 to 6 months.” If the response is “Unsure” or “No,” skip questions a. and b. If the response is “Yes,” ask questions a. and b.:

- a. **Amount of Weight:** Ask how much weight the client has lost or gained in the last few months and mark the appropriate response (“Less than 5 pounds,” “5 to 10 pounds,” or “10 pounds or more”).
- b. **Purposeful Change:** Ask the client whether the weight gain/loss was on purpose – for example, whether they were trying to lose or gain weight, and record the response (“No” or “Yes”). An unintended weight change could indicate a health problem, and the client’s doctor should be notified.

**39. Special Diet:** Ask the client whether s/he is on a special diet(s) for medical reasons and record the appropriate response (“No” or “Yes”). If the response is “No,” do not check any of the diet types and skip questions a. and b. If the response is “Yes,” indicate the type of special diet(s) by marking the appropriate boxes (“Calorie supplement,” “Low fat/cholesterol,” “Low salt/sodium,” “Low sugar/carb,” or “Other”). Be sure to note any “other” type of diet that is not listed on the form in the space provided in the “Notes & Summary” section.

**40. Difficulty Chewing/Swallowing:** Ask the client if s/he has any problems that make it hard to chew or swallow and mark the appropriate response (“No” or “Yes”). If the response is “No,” do not check any of the problem boxes. If “Yes,” indicate what these problems are by checking the appropriate boxes (“Mouth/tooth/dentures,” “Pain or difficulty swallowing,” “Taste,” “Nausea,” “Saliva production,” or “Other”). Be sure to note any “other” problem that is not listed on the form in the space provided. More than one problem can be checked; the intent is to capture any and all problems affecting the client’s ability to chew or swallow.

**41. Working Appliances:** Indicate what working appliances, if any, the client has for storing/preparing food (“Other,” “Refrigerator,” “Microwave,” “Toaster/Oven,” “Stove,” or “None”). Be sure to note any “other” source that is not listed on the form in the space provided. More than one item can be checked; the intent is to capture all sources the client has for storing and preparing food. If the response is “None,” the Assessor/Case Manager needs to ask the client how they store and prepare food. Be sure to include this and any other relevant information about their ability to store and prepare food in the “Notes & Summary” section.

**42. Three or More Medications Daily:** Ask the client if s/he takes three or more prescribed or over-the-counter medications daily and mark the appropriate response (“No” or “Yes”). Be aware that taking three or more medications daily (including prescription, non-prescription, herbal or dietary supplements) puts the client at a higher risk for medication management and interaction problems.

**43. Alcohol Use:** Ask the client how many days in a typical week s/he drinks alcohol and record the response in the appropriate box (“Refused,” “None,” “1 to 2,” “3 to 5,” or “6 to 7”). If the client refuses to answer the question (“Refused”) or responds with “None,” skip questions a. and b. If the client drinks alcohol on one or more days a week, ask question a.

a. **Number of Drinks:** Ask the client how many drinks s/he usually has on the days when s/he has some alcohol and mark the appropriate response (“1 to 2,” “3 to 5,” or “6 or more”). If the response is “1 to 2,” skip question b. If the client usually has three or more drinks on the days when s/he drinks, ask b.

b. **Four or More Drinks:** Ask the client about how many times in the past month s/he has had four or more drinks in a day and record the response (“None,” “1 to 2,” “3 to 5,” or “6 or more”).