

Santa Clara County - Senior Nutrition Program
BI-ANNUAL ASSESSMENT



| | | |
|-----------|------|-----------|
| Client ID | Name | Birthdate |
|-----------|------|-----------|

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|--------------------------------------------------------------------------------------------------------------|
| Residential Address (including apartment number) <input type="checkbox"/> Check here if no change in address |
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| | |
|-----------------------------------------------------------------|-----------------------------------------------------------------|
| Email <input type="checkbox"/> Check here if no change in email | Phone <input type="checkbox"/> Check here if no change in phone |
|-----------------------------------------------------------------|-----------------------------------------------------------------|

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|---------------------------------|--|----------------------|----------------|--|----------------------|--|-------------------|
| Approximate Household Income \$ | | At or Below 100% FPL | Marital Status | | Single | | Divorced |
| | | Above 100% FPL | | | Married | | Widowed |
| | | Declined to state | | | Domestic Partnership | | Declined to state |
| | | | | | Separated | | |

| Additional Questions | Y/N | Notes/Comments |
|--------------------------------------------------|-----|----------------|
| Do you participate in any other food programs? | | |
| Do you have a working refrigerator/freezer? | | |
| Do you have a working microwave? | | |
| Do you live alone? If not, who do you live with? | | |
| Do you have any pets? | | |

| California ADLs/IADLs (Activities of Daily Living and Instrumental Activities of Daily Living) | | | | | | |
|------------------------------------------------------------------------------------------------|------------------------------|-------|-------------------|-------|--------------------|-------|
| Rating Scale | ADLs | Value | IADLs (Part 1) | Value | IADLs (Part 2) | Value |
| 1-Independent | Eating | | Light Housework | | Manage Medications | |
| 2-Verbal Cueing | Dressing | | Shopping/Errands | | Money Management | |
| 3-Stand-by Assistance | Transferring in/out of chair | | Meal Prep/Cleanup | | Heavy Housework | |
| | Bathing | | Transportation | | | |
| 4-Hands-on Assistance | Toileting | | Telephone | | | |
| | Walking | | | | | |
| 5-Dependent | | | | | | |
| Declined to State | Total | | Total | | Total | |

| | |
|----------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Eligible | Client is homebound and requires verbal cueing or assistance with 2 or more ADLs; OR |
| <input type="checkbox"/> Eligible | Client is homebound and has cognitive impairment |
| <input type="checkbox"/> Not eligible | Client doesn't meet the eligibility criteria |

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|------------------------------------------------------------------|
| Emergency Contact (Name; Phone; Email; Relationship; City/State) |
| Notes |

Name of Staff Completing Assessment

Date

