



## SOURCEWISE MEALS ON WHEELS CLIENT INTAKE

Client ID		Name		Birthdate		Term Date	
Address (including apartment number)							
Special Delivery Instructions							
Rural – 95023 only				Email			
Phone				Phone		Language	
Approximate Household Income \$		At or Below 100% FPL		Marital Status	Declined to State		Married
		Above 100% FPL			Divorced	Separated	
		Declined to state			Domestic Partnership	Single	
						Widowed	
Sex at Birth	Declined	Gender	Declined	Male		Not listed, please specify	
	Female		Female	Transgender F to M			
	Male		Genderqueer/Gender Non-Binary	Transgender M to F			
Sexual Orientation /Sexual Identity	Bisexual	Straight/Heterosexual			Ethnicity	Declined	
	Declined	Gay/Lesbian/Same Gender Loving				Hispanic/Latino	
	Questioning/Unsure	Not listed, please specify				Not Hispanic/Latino	
Race	American Indian or Alaska Native		Chinese	Hawaiian	Samoan		White
	Asian Indian		Declined	Japanese	Vietnamese		
	Black or African American		Filipino	Korean	Other Asian		
	Cambodian		Guamanian	Laotian	Other Pacific Islander		

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?		
Are you physically and mentally able to open food containers?		
Are you physically and mentally able to reheat a meal?		
Would you like to participate in the Sourcewise Ambassador Program?		
Do you have a caregiver? - If so, provide name, email, phone, days, and hours.		
Do you have a social worker? - If so, can we use them as an additional emergency contact?		
Do you live alone? - If not, who do you live with?		
Do you have any physical disabilities?		
Do you have any cognitive disabilities?		
Is your home accessible to me to make a home visit?		
Do you have any pets?		



Nutritional Risk Assessment	
2	Person has an illness or condition that changes the kind and/or amount of food eaten
3	Eats fewer than 2 meals per day
2	Eats fewer than 2 daily servings of each of the following food groups: fruits, vegetables, milk products
2	Has 3 or more drinks of beer, liquor, or wine almost every day
2	Has tooth or mouth problems that make it hard to eat
4	Does not always have enough money to buy the food needed
1	Eats alone most of the time
1	Takes 3 or more prescribed or over the counter drugs a day
2	Without wanting to, lost, or gained 10 pounds in the past 6 months
2	Not always physically able to shop, cook and/or feed self
<b>Total</b>	Nutrition Risk High Nutrition Risk score 0-5 = No High Nutrition Risk score 6+ = Yes

## 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	
4-Hands-on Assistance	Bathing		Transportation			
5-Dependent	Toileting		Telephone			
Declined to State	Walking					
	Total		Total		Total	

Emergency Contact (Name; Phone; Email; Relationship; Town)
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Staff Completing Assessment  
(Must be a wet signature)

Date \_\_\_\_\_