COMMUNITY PARTNERS PROGRAM REFERRAL TOOL

INSTRUCTIONS:
Authorization for meal delivery referral based upon completed Uniform Assessment System (UAS). To determine eligibility for meal delivery program, apply responses from pertinent UAS sections to the referral tool. Start at the top and move through the sections to determine eligibility.

KEY:
- Authorize for meal delivery
- Not eligible for program

START

Section A
Housing Conditions
One of the following responses is REQUIRED
- Private home/apt./rented room
- Adult housing offered by OMH
- House offered through OPDD

Section B
Cognition (Impaired)
- Minimally impaired
- Moderately impaired
- Severely impaired

Section J
Mode of Nutritional Intake
One of the following responses is REQUIRED
- Normal
- Modified independent
- Requires modification to swallow solid food
- Requires modification to swallow liquids
- Can swallow only purees solids & thickened liquids
- Combined oral & parenteral or tube feeding

Section H
Disease Diagnoses
- Hip fracture / Other fracture
- AD / Dementia / Stroke / CVA
- CHD / COPD /CHF
- Cancer
- Diabetes
- HIV
- ESRD
- Bipolar disorder/depression/schizophrenia

Section B
Cognition (Independent)
- Independent
- Modified independent

Section F
ADL Performance
(Scored 2-6 on any)
- Walking
- Locomotion
- Eating

Section F
Self Performance & Capacity
(Scored 1-6 on any)
- Meal prep
- Ordinary house work
- Shopping

Section I
Fatigue
- Moderate
- Severe
- Unable to commence any normal day-to-day activities

Section J
Nutritional Issues
- Weight loss of 5% or more in LAST 30 DAYS or 10% or more in LAST 180 DAYS
- Dehydrated or BUN/Cre ratio > 25
- Fluid intake of less than 1,000 cc per day
- Fluid output exceeds input

Section L
Outpatient ER visit in last 90 days
- Injury caused by fall or accident at home
- Nausea, dehydration, malnutrition, constipation, impactions
- Wound infection, deteriorating wound status, new lesion/ulcer
- Cardiac problems (fluid overload, exacerbation of CHF, chest pain)
- Hypo/hyperglycemia, diabetes out of control

Section L
Inpatient Hospitalization in last 90 days
- Injury caused by fall or accident at home
- Respiratory problems (COPD, pneumonia)
- Wound or tube site infection, deteriorating wound status, new lesion/ulcer
- Hypo/hyperglycemia, diabetes out of control
- Exacerbation of CHF, fluid overload, heart failure

To find out more about the program or to send an immediate authorization for meals, contact a member of our Community Partners Program staff:

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