

COMMUNITY **PARTNERS PROGRAM** REFERRAL **TOOL**

Instructions:

Referral recommendation based upon completed Uniform Assessment System Section. More instruction Copy.Lorem ipsum dolor sit amet, consectetur adipiscing elit. Fusce vitae ornare ipsum. Aenean ut elit porttit turpis.



Authorize to meal delivery



Not elgible for program



Yes



No, but keep going





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



212-294-8187



212-294-8189

communitypartners@glwd.org www.godslovewedeliver.org/XXXXX

Section A

Housing Conditions

One of the following responses is REQUIRED

START

- Private home/Apt./Rented room
- Adult housing offered by OMH
- House offered through OPDD

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 puree solids & thickened
- Combined oral & parenteral or tube feeding

Cognition

- Minimally impaired
- Moderately impaired
- everely impaired

Section H

Section B

Disease Dx

- Hip fracture / Other fracture
- AD / Dementia / Stroke / CVA
- CHD / COPD /CHF
- Cancer
- Diabetes
- HIV
- ESRD

Section B

Cognition

- Independent
- Modified independent

Section F

Self Performance & Capacity

(Scored 1-6 on any)

- Meal Prep
- Ordinary house work
- Shopping

Section I

Section J

Section F

Fatigue

- Moderate
- Severe
- Unable to commence any normal day-to-day activities

Nutritional Issues

• Weight loss of 5% or more in LAST 30

• Dehydrated or BUN/Cre ratio > 25

• Fluid output exceeds inputSection

DAYS or 10% or more in LAST 180 DAYS

Fluid intake of less than 1,000 cc per day

ADL Performance

(Scored 2-6 on any)

Walking

Eating

Locomotion

Finances

Because of limited funds, during the last 30 days made trade offs among purchasing any of the following:

- Adequate food, shelter, clothing
- Prescribed meds
- Sufficient home heat or cooling
- Necessary health care

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
- Exacerbation of CHF, fluid overload, heart

