

Profile forms SAMS 2021 for HB meals  
**CLIENT PROFILE FORM - CONFIDENTIAL 2022**

Used by the Department of Health and Social Services to determine program needs to provide services to you. Meal must be handed to an individual or put in a refrigerator.

First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender M or F Phone \_\_\_\_\_

Residential address \_\_\_\_\_

Town/state/ZIP \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/state \_\_\_\_\_

Ethnic status (please circle one)

African American	American Indian / Native Alaskan
Asian/Pacific Islander (Includes HI)	Hispanic Origin
Non-Minority (White, non-Hispanic)	Other

Please circle Y or N to the following questions

Income less than \$16,090 if single, or \$21,770 for couple: Y or N Lives alone: Y or N

**DEMOGRAPHICS**

Marital status: Single Married Separated Widowed Divorced

Residence: Home Private apartment Senior housing Care home Nursing home

Duration at residence: Less than 12 months 1-3 years 3 years or more

Lives: Alone With spouse or partner With spouse and child With child/children

Currently employed: Yes No

How many people in household: One Two Three Four or more

How many prescription drugs taken: \_\_\_\_\_

**NUTRITION**

Made changes in lifelong eating habits because of health problems N or Y

Eat fewer than 2 meals per day N or Y

Eat fewer than 5 servings of fruits or vegetables every day N or Y

Eat fewer than 2 servings of dairy products every day N or Y

Sometimes does not have enough money to buy food N or Y

Have trouble eating well due to problems with chewing/swallowing N or Y

Eat alone most of the time N or Y

Lost or gained 10 pounds in the past 6 months N or Y

Not always physically able to shop, cook or feed themselves N or Y

Have 3 or more drinks of beer, liquor or wine almost every day N or Y

Take 3 or more different prescribed or over-the-counter drugs daily N or Y

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**ADL'S**

Bathing	Independent Mostly dependent	Supervision Totally dependent	Requires assistance Doesn't occur
Dressing	Independent Extensive assistance	Supervision Totally dependent	Limited assistance Doesn't occur
Toilet use	Independent Mostly dependent	Supervision Totally dependent	Sometimes dependent Doesn't occur
Transfer	Independent Mostly dependent	Supervision Totally dependent	Minimal assistance required Doesn't occur
Eating	Independent Mostly dependent	Supervision Totally dependent	Sometimes dependent
Walking in-home	Independent Extensive assistance	Supervision Totally dependent	Limited assistance Doesn't occur

**IADL's**

Meal preparation:	Independent Totally dependent	Sometimes dependent Doesn't occur	Mostly dependent
Manage medication:	Independent Totally dependent	Needs reminders Doesn't occur	Somewhat dependent
Manage money:	Independent Completely dependent	Needs some assistance Doesn't occur	Needs a lot of assistance
Do heavy housework:	Independent Unable to perform	Needs assistance sometimes Doesn't occur	Needs assistance most times
Do light housework:	Independent Unable to perform	Needs assistance sometimes Doesn't occur	Needs assistance most times
Perform shopping:	Independent Totally dependent	Sometimes dependent Doesn't occur	Mostly dependent
Transportation:	Independent Totally dependent	Sometimes dependent	Mostly dependent
Use telephone:	Independent Needs lot of human help	Needs verbal assistance Cannot perform	Needs human help

Diabetic      Y or N      Type of milk for HB      None      2%

Allergies to food    Y or N    Comments: \_\_\_\_\_

Days meals needed \_\_\_\_\_

Directions to home: \_\_\_\_\_

Access into home to deliver meal: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_