Attachment 1: National Family Caregiver Support Program (NFCSP)

Nutritional Screen

This form should be used when providing nutrition services to caregivers and/or care receivers as a Supplemental Service using Title III-E funds.

Meal Recipient Information

First Name:
Last Name:

Nutrition Service

Is there a modified therapeutic diet prescribed by a physician?

☐ Yes

☐ No

If *yes*, check all that apply:

☐ Texture- Modified	☐ Calorie controlled diet	☐ Sodium restricted
☐ Fat restricted	☐ High Calorie	☐ Renal
☐ Diabetic	☐ Liquid nutritional supplement	☐ Other

If other, please specify:

If *no*, check all that apply:

☐ Regular	☐ Special Diet
☐ Vegetarian	☐ Ethnic/Religious
☐ Food Allergies	

If Ethnic/Religious, please specify:

Does the meal recipient have a physician-diagnosed food allergy?
☐ Yes ☐ No If yes, please specify:

Please indicate the meal recipient's meal preference:	
☐ Hot	☐ Chilled
☐ Frozen	☐ Other

Nutritional Health

Responses to this section will indicate whether the individual might benefit from consultation with a Dietitian.

Note for Assessor: *Assist individuals at high nutritional risk with identifying a professional they can talk to about their nutritional health. If individual is 60+, the AAA's Dietitian may be an option, ask the individual if you can make a referral.*

Please also note that the values assigned to the "Yes" column in the chart below are prescribed and should not be modified.

	Yes	No
I have an illness or condition that made me change the kind and/or amount of food I eat.	2	0
I eat fewer than two meals a day.	3	0
I eat few fruits or vegetables, or milk products.	2	0
I have three or more drinks of beer, liquor, or wine almost every day.	2	0
I have tooth or mouth problems that make it hard for me to eat.	2	0
I don't always have enough money to buy the food I need.	4	0
I eat alone most of the time.	1	0
I take three or more different prescribed or over-the-counter drugs a day.	1	0
Without wanting to, I have lost or gained ten pounds in the last six months.	2	0
I am not always physically able to shop, cook and/or feed myself.	2	0
TOTAL		

Nutritional Health Score

0-2 = Low Nutritional Risk

3-5 = Moderate Nutritional Risk

6 or more = High Nutritional Risk

If you are at High Nutritional Risk, you are encouraged to share this information with your health care provider, dietitian, or other qualified health or social service professional. Ask them for help to improve your nutritional health.

Have you been referred to a dietitian in the past?	
☐ Yes	☐ No
If yes, when:	

Nutrition Plan

How often will meals be provided:

How long are meals authorized for:

If Home Delivered Meals will be provided, please complete the following information:

Emergency Contact Information
Primary **Secondary**

Are there any pets that would be a barrier to service provision?

If applicable, food security assistance/referrals (including pet food):

If applicable, referral to a dietitian: