

KBIC Elder Nutrition Program

Physical Address: 208 Main Ave. Baraga, MI. 49908

Mailing Address: 16429 Beartown Rd. Baraga, MI. 49908

Director of Program: Sue Ellen Elmlad

Phone: 906.353.6069

Email: selmlad@kbic-nsn.gov

Older American Act Title VI 2021-2022 Home Delivered Meal Application

Name		Enrollment #	Date
Address		Phone	
Email Address			
Age	DOB	Sex	Veteran Yes or No
Marital Status	Spouses Name		Household size
Food Allergies Yes or No	Please specify		
How is your general health? Excellent Good Fair Poor			
Emergency Contact			Phone

Please comment of any suggestions, services, or assistance that you would like to see offered through the ENP.

All information is strictly confidential

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Please complete the following information with your Health Care Provider.

All information obtained will be kept confidential.

Nutrition Risk Assessment			
Have you changed the way you eat due to illness or medical condition?	YES	NO	Do you eat alone most of the time?
			YES NO
Do you eat less than 2 meals per day?	YES	NO	Do you take 3 or more prescribed medications or over the counter daily?
			YES NO
Do you eat few fruit or vegetables or milk products?	YES	NO	Have you lost or gained 10 pounds in the last 6 months without wanting to?
			YES NO
Do you have 3 or more drinks of beer, liquor, or wine daily?	YES	NO	Do you have tooth or mouth problems that make it hard to eat?
			YES NO
Are there times you don't have enough money for food?	YES	NO	Are there times when you are not physically able to shop, cook, or feed yourself?
			YES NO
Activities of Daily Living			
Can you walk around inside without help?	YES	NO	Can you bathe or shower without help?
			YES NO
Can you use the toilet without any help?	YES	NO	Can you comb your hair without help?
			YES NO
Can you dress without any help?	YES	NO	Can you manage eating without help?
			YES NO
Independent Activities of Daily Living			
Can you shop for food and other things you need without help?	YES	NO	Can you take your medications without help?
			YES NO
Can you prepare meals for yourself?	YES	NO	Can you handle your finances without help?
			YES NO
Can you do light housekeeping for yourself?	YES	NO	Do you have transportation and drive?
			YES NO
Use of Information			
I understand that the information I am providing on this form will be used for the Title VI Program and KBIC Elder Nutrition Program to create statistical reports and maybe used to help identify other services from which I may benefit. This information will not be released to anyone and held in strict confidentiality.			
Signature of Applicant			Date:
Signature of Health Care Provider			Date:

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Home Delivered Meal Authorization Form

Dear Health Care Provider:

_____ requests home delivered meals.

(Name of Tribal Elder)

(DOB)

X

Date

Signature of Consent for Release of Information to the ENP Director for eligibility purposes.

Program requirements for this service need documentation that the individual is

Homebound; unable to leave home without great difficulty because of illness or disability; except for medical appointments, religious/cultural activities, and very occasional essential shopping or grooming appointments.

1. Can you certify that the individual above is homebound?

YES

NO

2. The individual's condition is considered:

Permanent

Temporary

If temporary, what is the recommended date for another assessment? _____

3. I certify that this is an accurate assessment:

Health Care Provider Signature

Date

Please fax or return completed form to:

Sue Ellen Elmlad, KBIC Elder Nutrition Program Director

16429 Beartown Road

Baraga, MI 49908

FAX: 906-353-6738 or Email: selmlad@kbic-nsn.gov